



DONATION FORM

Donor Name (Please print): _____

Address: _____

City: _____ **Prov:** _____ **Postal Code:** _____

Telephone: _____ **E-mail:** _____

The Burnaby Hospice Society (BHS) is committed to protecting the privacy our members. The information collected on this form will be used for the purposes of administering your donation to the Society, including tax receipting and statistical purposes. The information will also be used to send you information about BHS (e.g. newsletters, upcoming events, Society program updates, etc) unless you select the opt-out option below. Your information will not be sold, rented or bartered to any other organizations. You may withdraw consent for future use of your information at any time by contacting info@burnabyhospice.org.

Please do not send me information about the Society

My (our) gift to the Burnaby Hospice Society is _____

Cheque enclosed, payable to Burnaby Hospice Society

Visa Mastercard Account No.: _____ Expiry (mm/yy): _____

Name shown on card: _____ Signature: _____

Donations \$10 or more will automatically receive a tax receipt

My gift is in **Memory** **Honour of** _____

I wish my gift remain anonymous or please send notification of my in memoriam gift to:

Name (Please print): _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Please include the following names (or note) in the notification letter: _____

I would like to join as a member:

\$20.00 - Annual individual membership

\$250.00 - Lifetime individual membership

\$100.00 - Annual corporate membership

No, thanks

Please return to:

Burnaby Hospice Society -4535 Kingsway, Burnaby BC V5E OH5

Phone: 604.520.5087 Fax: 604.299-7910

Charitable Organization Registration No.: 129481388-RR-0001

Thank you for supporting Burnaby Hospice Society!