



MEMBERSHIP APPLICATION FORM

✓ **YES**, I want to help my community by supporting **Crossroads Hospice Society**.

name(s)
address..... city.....
postal code.....home phone work phone
mobile..... fax.....email.....

Membership Application/Renewal

\$25.00 I hereby make application to the Crossroads Hospice Society for membership.

Make a donation

I would also like to make a donation of: \$50.00 \$100.00 \$250.00 other: \$.....

Payment Method

Enclosed is my cheque or money order made payable to **Crossroads Hospice Society**.

I prefer to use my credit card: VISA MasterCard

Card #

AmountExpiry Date.....(mm/yy)

Name as it appears on the card

Signature.....

I am interested in:

- Volunteering with Crossroads Hospice Society
- Leaving a gift in my will/planned giving
- I have left a gift in my will to Crossroads Hospice Society

mail your completed form to:

Crossroads Hospice Society
PO Box 1072, Ridgeway Avenue
Coquitlam, BC V3J 6Z4.

Tel: (604) 945-0606 Fax: (604) 945-9071 www.crossroadshospice.bc.ca

(Charitable tax no. 894850635RR0001)