



## 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 # .....

Amount .....Expiry 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](http://www.crossroadshospice.bc.ca)

(Charitable tax no. 894850635RR0001)