



## DONATION FORM

**Our Promise to you:**  
**Crossroads Hospice Society respects your privacy. We do not lend or sell any of your personal information. We never lend or exchange lists with other agencies. You have our word.**

**Please print this form, complete and return it to us.**

Your Name: .....  
Address: .....  
City: .....  
Postal Code: .....  
Day phone: ..... Evening Phone .....  
Mobile ..... Fax: .....  
Email: .....

**Amount of gift:**     \$ .....

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

I prefer to make my gift by credit card:                     VISA             Mastercard

Name as it appears on credit card: .....

Card Number: ..... Expiry Date (mm/yy): .....

Signature: .....

I would like to make my gift in Memory of  in Honour of

.....

Please send a notification card to let the family/person know of my memorial/honorarium gift to:  
*(amount of gift will not be disclosed)*

Name:

Address:

Relationship to the deceased:

- 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

**Send the completed form with your cheque or credit card information to**

Crossroads Hospice Society  
PO Box 1072  
Coquitlam, BC V3J 6Z4  
Tel (604) 945 0606 Fax (604) 945 9071