



Help our garden grow

Yes, *I want to help Crossroads Hospice Society build a labyrinth healing garden in my community*

My contact information:

Name: _____

Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Please accept my gift of:

Giving Opportunities

- Middle Bench (\$10,000)
- Garden Bench (\$7,500)
- Entry Bench (\$5,000) **SOLD OUT**
- Entry Arbour (\$5,000) **SOLD OUT**
- Inspirational Stones (\$2,500)
- Stepping Stones (\$1,000)
- Lattice Screen (\$500) **SOLD OUT**
- Other \$ _____

- Please contact me about in-kind contributions of materials and supplies

Payment Options

- Cheque or money order payable to Crossroads Hospice Society.
- Visa MasterCard Expiry ____/____

Cardholder Name (as it appears on the card)

Card #

Signature

Mail or fax to:

Crossroads Hospice Society
P.O. Box 1072 • Coquitlam, BC V3J 6Z4
Phone: 604-945-0606 • Fax: 604-945-9071
Charitable Tax #894850635 RR0001
Society #24391

NOTE:

Tax receipts over \$25 will be issued to the name on cheque or credit card. Those participating in giving opportunity levels of \$500 and above will have their name appear on selective signage, marketing materials, and on our website to recognize their contribution.

The use of your personal information will be used exclusively for Crossroads Hospice Society purposes and will not be shared or sold to any other party.