



## DONATION FORM

Your support has an impact right here in your community. *Thank you!* Please complete this form and mail it to: Stratford Perth Hospice Foundation, 80 Greenwood Dr., Stratford, ON N5A 0J1 or call 519-508-4900 ext. 720.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Prov.: \_\_\_\_\_ P.C.: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

To help us keep our costs down, may we send your tax receipt by email?  Yes  No

### DONATION DETAILS

I/We are pleased to support Rotary Hospice Stratford Perth with a gift as follows:

- One-time Donation\*: \$ \_\_\_\_\_  
 I/We wish to make a gift in *Honour* or *Memory* of (circle one): \_\_\_\_\_

*(A card of acknowledgement will be sent to the family provided their mailing information is included).*

\* If you are interested in making any other type of donation (*monthly, sponsor a day, wish list item, pledge or gift of stock*), please contact Lucie Stuart, Fund Development Manager at 519-508-4900 ext. 720.

### DONATION TYPE

- By Cheque:** payable to: *Stratford Perth Hospice Foundation*  
    ○ **Pre-Authorized Chequing.** Please enclose a cheque marked Void.  
 **Gift of Securities:** Contact Lucie Stuart at 519-508-4900 ext. 720 for a *Stock Transfer Form*.  
 **By Credit Card:**            VISA                    MasterCard

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ (MM/YY) Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### RECOGNITION

Donations of \$2,500 and more will be acknowledged on the annual donor wall (to be in place summer 2020).

Name for recognition: \_\_\_\_\_ Or,  Anonymous

### THANK YOU FOR YOUR GENEROUS SUPPORT!

*For more information, please contact Lucie Stuart, Fund Development Manager at: lucie@rotaryhospice.ca or 519-508-4900 ext. 720. Tax receipts are issued for donations of \$20 or more unless otherwise requested.*

*Charitable registration # 72776 0126 RR001*