



Surrey Hospice Society

Please print and mail to: #101-13463 78 Avenue, Surrey, BC V3W 0A8

Phone: 604-584-7006

Donation Form

Please make cheques payable to: "Surrey Hospice Society"

CONTACT INFORMATION

First Name		Last Name		
Group / Business Name				
Address		City	Province	Postal Code
Email		Phone		

DONATION INFORMATION

Donation Type <input type="checkbox"/> One-Time <input type="checkbox"/> Monthly (Visa or MasterCard only)	Tax Receipt Request <input type="checkbox"/> (over \$25 donation)
Donation Amount <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other: \$ _____	

PAYMENT INFORMATION

Payment Method <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
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CREDIT CARD INFORMATION

Card Number	Date Signed	Signature
Expiry Date (MM/YY)	Card Verification Code (CVC)	Card Holder's Name

DONATION IN MEMORY

Name of Person Being Remembered	Send Acknowledgement to Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Family
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Personal Message to Family

Family's Address	City	Province	Postal Code
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ADMINISTRATION (FOR ADMINISTRATION USE ONLY)

GL Code:	<input type="checkbox"/> individual:	<input type="checkbox"/> Group / Business:
<input type="checkbox"/> Date payment processed: _____ <input type="checkbox"/> Payment processed by: _____ <input type="checkbox"/> Send receipt to cardholder (attach) <input type="checkbox"/> Send thank you letter (attach) <input type="checkbox"/> Send acknowledgement letter (attach) <input type="checkbox"/> Scan, send and mark "scanned" <input type="checkbox"/> Send originals to Administration <input type="checkbox"/> Send Tax Receipt (attach)		Attach Receipt here: