



Surrey Hospice Society

#209 - 8236 128 St Surrey, BC V3W 4G2
Phone: 604-584-7006 Email: info@surreyhospice.com
www.surreyhospice.com

Donation Form

CONTACT INFORMATION

First Name		Last 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"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> PayPal	<input type="checkbox"/> Other
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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
Personal Message to Family		

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

GL Code: (check correct box) <input type="checkbox"/> Individual: 4315 <input type="checkbox"/> Group/Business: 4310	Notes:	Attach Interact Receipt here
<input type="checkbox"/> Date payment processed -		
<input type="checkbox"/> Payment processed by -		
<input type="checkbox"/> Guests entered onto Guest / Attendance List		
<input type="checkbox"/> Scan copy and save into X: Finance / invoices and receipts		
<input type="checkbox"/> Send receipt to cardholder		
<input type="checkbox"/> Send copy of payment to accounting		
<input type="checkbox"/> Tax Receipt scanned and Sent on :		