

Valley Hospice Foundation- Donation Form

I wish to make a charitable donation in the amount of \$ _____

Name: _____
(for receipt)

Address: _____

City/Province/PostalCode: _____

Phone Number: _____

Email Address: _____

I wish to pay by Visa or MC

Card number: _____ Exp Date: _____

Name on Card: _____

Signature: _____

Please make my gift in memory/honor of: _____

Please send an acknowledgement card to:

Address: _____

(amount of gift is not disclosed in acknowledgement card)

Other instructions: _____

Please include your cheque or money order with this form and mail to:

The Valley Hospice Foundation
23 Earncliffe Avenue
Wolfville, NS B4P 1X4
902.542.2265/365.1701 x 3471

Charitable Reg. #:894902923