

Membership – Valley Hospice Foundation
www.valleyhospice.ca

To become a member of the Valley Hospice Foundation simply complete the following Membership Form and return it with your membership fee to:

Valley Hospice Foundation
23 Earnscliffe Avenue
Wolfville, NS B4P 1X4
902.542.2265

Membership will mean that you will receive a quarterly newsletter, and that you will be kept informed of upcoming events and information session concerning the hospice. You will receive advance notice of the Annual General Meeting and will have voting privileges. You also will be increasing the hospice voice for excellence in palliative care in our community.

Type of Membership: New Renewal

I would like to purchase a membership in the amount of \$10.

I would like to make an additional donation in the amount of \$ _____.
(Additional donations over \$10 will receive a Charitable Tax Receipt)

Total Amount : \$ _____ Paid by: Cheque _____ Cash _____

Visa/MasterCard: # _____ Exp. Date _____

Signature: _____

Member Name: _____

Donor Name: _____
(for tax receipt if separate from member)

Address: _____

Postal Code: _____ Telephone: _____

Other Phone: _____ E Mail: _____

I prefer to receive newsletters by: email regular mail