

## Thank you for your generous donation to Hospice Peterborough

Here is my generous donation of: \_\_\_\_\_ (Please print)

Visa     MasterCard     Cash     Cheque

(Please include) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

I would like to become a Monthly donor.

(If Applicable)

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

### Please check one of the following boxes:

I would like to be an anonymous donor.

I would like my name to be recognized in Hospice materials, listed as

\_\_\_\_\_

***Every gift is appreciated and important. Thank You!***



**Tax receipts will be issued promptly for amounts \$20.00 and over.**

## Our HOSPICE PLEDGE to YOU



**Privacy & Security** - Hospice Peterborough respects your privacy and complies with all legislative requirements regarding its protection. Hospice has never – and will never – rent, sell or trade your personal information. We use your personal information to keep you informed about Hospice Peterborough’s programs, services, special events, funding needs and volunteer opportunities through our newsletter and other communications and to acknowledge your support as a donor or volunteer.