



Hospice Georgian Triangle

Donor Information (please print)

Name	
Address	
City / Province	
Postal Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Donation Information

I (we) would like to donate a total of \$_____.

I (we) plan to make this donation in the form of:
 ___ cheque ___ credit card _____ other.

Credit card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMX
Credit card number	
Expiration date	
Cardholder name	
Card holder signature	

In Memoriam Information

Please make this donation in memoriam to:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make cheques, or other gifts payable to:

Hospice Georgian Triangle
 49 Raglan St.
 Collingwood, ON
 L9y 4x1

Registered Charity No. 11886-8249-RR001

Tax receipts will be issued for amounts of \$20.00 or more.

Privacy & Security – Hospice Georgian Triangle respects your privacy and not share your personal information with anyone.

For more information please call the office at 705-444-2555.