Hospice Wellington™
YOUR STORY MATTERS

# DONATION FORM

## DONATIONS BY MAIL

Receive a tax receipt by mail. Complete the form on the right side of the page and drop it off at Hospice Wellington. Or send it by mail to: **Hospice Wellington, 795 Scottsdale Drive, Guelph, ON N1G 3R8**

## ONLINE DONATIONS

You will receive a tax receipt instantly by email when making a donation online. Visit **www.hospicewellington.org**, then click on **Donate Now** at the top.

## TAX RECEIPTS

Tax receipts are issued for all eligible donations of $20.00 or more. When filling out your form, please ensure all info is accurate.

## PRIVACY

Your privacy is extremely important to us. At Hospice Wellington, we contact our donors periodically to share news and information by mail, email or phone. If you have any questions about this process, please contact us:

By phone: 519.836.3921

By email: info@hospicewellington.org

We would be happy to make any updates to your information and ensure that we adhere to your personal privacy preferences.

## MISSION

To provide and promote hospice palliative care for individuals and their families.

## IN HONOUR/IN MEMORY OF

(Please circle, if applicable)

**In Honour of** **In Memory of**

Their Name: _____

## FAMILY NOTIFICATION

When the family is notified (within four (4) weeks), who should we indicate the donation is from? (*Ex. The Smith Family*)

Donation From: _____

## DETAILS OF DONATION

Amount of Donation: $ _____

Method of Donation:

- ☐ Cheque (Payable to: Hospice Wellington)
- ☐ Cash (do not mail)
- ☐ Credit Card (Complete info below)

## PERSONAL INFORMATION

Full Name: _____

Address: _____

_____

City: _____ Province: _____

Postal Code: _____ Date: _____

Phone: _____

Email: _____

(Optional)

## CHARITABLE REGISTRATION #

12345 5024 RR0001

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## CREDIT CARD INFORMATION

***ALL CREDIT CARD INFO WILL BE PROPERLY DISPOSED OF FOLLOWING PROCESSING TO PROTECT YOUR PRIVACY***

Please circle: VISA MasterCard AMERICAN EXPRESS

Card #: _____

Expiry Date: _____ / _____
MM YY

CVV#: _____ (On back of card, required for authentication)

Name on Card: _____
(Please be exact)

Signature: _____