



## Donation Form

Thank you for your support. Please complete this form and mail or drop off to:  
**795 Scottsdale Drive, Guelph Ontario N1G 3R8 519-836-3921 [www.hospicewellington.org](http://www.hospicewellington.org)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

This donation is in Honour or Memory of: (circle one)

Notification is sent to family in approx. 3-4 weeks.

**AMOUNT OF DONATION:** \$ \_\_\_\_\_

- Cheque (payable to Hospice Wellington)
- Cash (Please do not mail cash)
- Credit Card: (Circle one)      VISA      MASTERCARD

Card #: \_\_\_\_\_

**Exact** name on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

<p><b>MONTHLY GIVING:</b> I would like to make MONTHLY donations of \$ _____ I authorize Hospice Wellington to deduct my gift on the ( 1<sup>st</sup> ) or ( 15<sup>th</sup> ) of each month from my:</p> <ul style="list-style-type: none"><li>• Bank Account (attach cheque marked 'VOID')</li><li>• Credit Card (complete information above)</li></ul>
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**Your privacy is very important to us:** Hospice Wellington contacts its friends periodically to share news and information by mail, phone or email. If you have any questions about this process, please call us at: 519-836-3921 or email us at: [info@hospicewellington.org](mailto:info@hospicewellington.org) so that we are advised of any changes and adhere to your personal privacy preference.

Tax receipts are issued for all eligible donations. Charitable Registration #12345 5024 RR0001