



Care ♥ Compassion ♥ Support

Mail-in Donation Form

Charitable Registration 13451 7820 RR0001

DONATION INFORMATION:

Donation amount: \$ _____ Official tax receipt will be sent to donor

Donor name: _____

Address: _____ STREET _____ CITY _____ PROV _____ P CODE _____

Email _____ Phone _____

METHOD OF PAYMENT:

☐ I am enclosing a cheque payable to: Hospice King-Aurora

Please debit my ☐ Visa ☐ Mastercard with the amount indicated above

Credit card number _____ Expiry Date _____

Cardholder's name _____

Signature _____ Date _____

TRIBUTE INFORMATION (Optional):

Please indicate: ☐ memorial donation ☐ in honour of/celebration donation ☐ I do not wish this donation to be acknowledged

Donation made in memory/honour/celebration of _____
name of person

Acknowledgement card will be sent to _____
ie.name of family member(s)

STREET

CITY

PROV

P CODE

PLEASE MAIL TO:

Hospice King-Aurora
350 Industrial Pkwy South Unit 4
Aurora, ON L4G 3V7

Donations can also be made by
calling **905-727-6815** or online
at www.hospicekingaurora.ca

*Many thanks for helping us to support those diagnosed with a life-threatening illness,
the people who care for them and those who are bereaved.*