

Peace Arch Hospice Society  
**DONATION AND/OR MEMBERSHIP FORM**



**CONTACT INFORMATION** (Please print clearly. This information will be used to send a receipt.)

First & Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_

**DONATION INFORMATION**

**One-time** donation of \$ \_\_\_\_\_ **OR**  **Monthly** donation of \$ \_\_\_\_\_

**YES**, include an additional one-time **\$20** donation for my **PAHS Membership Fee**.

My gift is in memory of (first & last name) \_\_\_\_\_

Please send notification of my memorial gift to:

First & Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

My gift is in recognition of (first & last name) \_\_\_\_\_

for:  Birthday  Anniversary  Retirement  Other \_\_\_\_\_

Please send notification of my recognition gift to:

Honoree's Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**PAYMENT METHOD & RECEIPT PREFERENCE**

Please **email** my tax receipt **OR**  Please **mail** my tax receipt

CHEQUE (payable to Peace Arch Hospice Society)

VISA  MASTERCARD #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Card Validation Digits \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

*Please note: tax receipts are only issued for donations of \$20 or more & cannot be issued to anyone other than the person named on the cheque or credit card. We recommend that you do not send cash in the mail.*

Please deliver or mail this form to:  
**Peace Arch Hospice Society**  
15435 – 16A Avenue  
Surrey, BC V4A 1T2

Questions? Please call us at **604-531-7484** or  
email [donate@pahospicesociety.org](mailto:donate@pahospicesociety.org).  
**Thank you for your support!**

**Registered Charitable #: 119297513RR0001**