

Donations to Mission Hospice Society

Become a member and show your support for MHS

Amount of Donation \$ _____ Date: _____
Membership \$10

Donated by:

Name: _____

Address: _____

City: _____ Prov. _____ PC _____

Telephone: _____

Cheque enclosed Visa MasterCard AMEX

Card # _____ Expiry ____/____

Name on Card _____

Signature of Cardholder: _____

Special designation, if desired: _____

*An income tax receipt will be sent for memberships and all
donations of \$10 or more.*

In Memoriam Donations

This donation is made in memory of:

Send Memorial Card to:

Name: _____

Address: _____

City: _____ Prov. _____ PC _____

*The Memorial Card will be sent to family with the name of the donor.
The donor will be provided with a tax receipt.*

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Fax: 604-820-0734

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UNITED WAY
MEMBER AGENCY



BRITISH
COLUMBIA



The Mission Hospice
Society is a non-profit
charitable organization.

Registered Charity

Number: 88607 8393 RR0001

Privacy Policy

We are committed to protecting the privacy of individuals whose personal information is collected and held by the Mission Hospice Society and we adhere to all legislative requirements with respect to protecting privacy. The personal information we hold from you will be used to provide tax receipts and to keep you informed and up-to-date on the activities of the Mission Hospice Society, including programs, services, special events, funding needs and opportunities to volunteer.

If, at any time, you wish to have your name removed from our mailing list or you would prefer that your name not be listed as a donor, simply contact us and we will be pleased to accommodate your request.