



PLEASE COMPLETE
AND MAIL TO:
Huron Hospice Volunteer Service
24 Centennial Drive
P.O.Box 99
Seaforth ON N0K 1W0
Tel: 519-527-0655
e-mail: hospice@bmts.com

We are a Charitable, Non-Profit Organization

WE WELCOME CONTRIBUTIONS

that enable our volunteers to receive ongoing training and that enable our agency to provide enhanced programs and increased service.

YOUR SUPPORT

ensures that Huron Hospice Volunteer Service can continue meeting needs in our communities.

YOU CAN GIVE

in two ways: to support our work, and in memory of a particular individual.

AMOUNT: \$ _____

Donor name: _____

Address: _____

Town: _____

Postal Code: _____

e-mail: _____

Telephone: _____

In Memory of: _____

Charitable # 89004 0173 RR0001. Income Tax receipts are issued for donations of \$10 or more.
Donations of \$100 or more are publicly acknowledged.

To help our ongoing fundraising efforts, we retain donor information on file. We value your support and want to keep you informed about programs and special events.

If you would prefer not to be on our mailing lists, please check here.....

If you wish your donation to remain anonymous, please check here.....

THANK YOU FOR YOUR GENEROSITY!