



Yes, I would like to be a Hospice Hero and join the Monthly Giving Program!

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____



I would like to give an ongoing monthly gift of:

\$100 \$50 \$30 \$20 \$ _____ (other)

Method of Payment (Please select one)

Pre-authorized withdrawal on the 1st or the 15th of each month
(please include a void cheque)

Pre-authorized payment by credit card

Credit Card Information:

Name on card: _____

Card #: _____

Expiry: _____ CVV : _____

Signature: _____

THANK YOU FOR YOUR ONGOING SUPPORT!