



17100 Yonge Street, Newmarket, ON L3Y 8V3  
Tel: 905-967-0259 Fax: (905) 967-0593  
[info@doanehospice.org](mailto:info@doanehospice.org)

## Donation Form

*Your financial contribution provides vital support for  
compassionate hospice care in our community.*

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Home

Business

Email Address: \_\_\_\_\_

### Make a Single Gift

Gift Amount: \$ \_\_\_\_\_

Please select one:     Visa     Mastercard     Cheque payable to Doane House Hospice

### Make a Monthly Gift

I would like to make a monthly donation of     \$5     \$10     \$25     Other: \$ \_\_\_\_ per month.

I prefer to use my:     Visa                       Mastercard

(please complete credit card information below.)

*I authorize Doane House Hospice to charge the amount specified to my credit card, on the first day of each month. I understand that I may cancel this authorization by notifying Doane House Hospice in writing.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: A single tax receipt for each year's total contributions will be sent at the beginning of the next calendar year. Monthly donations will be processed on the first day of each month.

### Credit Card Information

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I agree that Doane House Hospice may include my name in their newsletter and/or on our website
- I would prefer to remain anonymous