



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

In Memoriam/Tribute Donation Form

*Your In Memoriam/Tribute donation remembers/honours a special person
and provides vital support for compassionate hospice care in our community.*

Please circle: **In Memory of** **In Honour of** **In Appreciation of**

Person in whose memory/honour/appreciation the gift is being given:

Name: _____

Please send notification to: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Gift Information

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Home

Business

Gift Amount: \$ _____ Email Address: _____

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

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