



## The Heart of Hastings Hospice

17 McKenzie Street ♥ PO Box 624 ♥ Madoc, ON ♥ KOK 2K0  
Tel : 613-473-1880 ♥ Email: [Info@heartofhastingshospice.ca](mailto:Info@heartofhastingshospice.ca)  
Website: [www.heartofhastingshospice.ca](http://www.heartofhastingshospice.ca)

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

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

(Street / RR)

\_\_\_\_\_

(City)

(Province)

(Postal Code)

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

(Please print – for emailing tax receipt)

In Memory of: \_\_\_\_\_

Card/Note to be sent to: \_\_\_\_\_

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

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

Fundraiser / Event: \_\_\_\_\_

General Donation

Equipment Loan

**Donation Amount: \$** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Note:** Tax receipts will be issued for donations of \$20.00 or more.

Cash  Cheque  Interac  E-transfer (payments@heartofhastingshospice.ca)

Credit Card:  Visa  Mastercard  American Express

\_\_\_\_\_

(Card Number)

\_\_\_\_\_

(Expiry)

\_\_\_\_\_

(CVV, (3 digit sec. code))

**NOTE: All financial information is confidential and will not be shared.**

**FOR CARD PROCESS ONLY:**  I give The Heart of Hastings Hospice permission to use my personal/business credit/interact card to process my donation for the amount specified above. I acknowledge that none of the information given will be shared and is confidential.

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