



# The Heart of Hastings Hospice Donation Form

“Love grows by giving. The love we give away is the only love we keep.”

- Elbert Hubbard

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

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

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

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

E-mail: \_\_\_\_\_

®   ®   ®

Cheque

Cash

Amount of Donation: \$ \_\_\_\_\_

I would like to make my gift:

In memory of

In Celebration of

Name/Occasion: \_\_\_\_\_

®   ®   ®

Please send a notification card to let the family know of my gift.

Card to be sent to: \_\_\_\_\_

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

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

You will receive an official tax receipt for donations of \$10. Or more.

Please send this completed form to:

The Heart of Hastings Hospice

17 McKenzie St. Box 624 Madoc, ON K0K 2K0