

# DONATION FORM



Please mail or email this completed form to the address located at the bottom of this form.

I / We wish to make a gift to benefit Aboyne Rural Hospice in:

Honour of: \_\_\_\_\_  Memory of: \_\_\_\_\_

No dedication

(A card of acknowledgement will be sent to the family at the address provided below.)

I/We commit the following:

Total Amount of Gift: \$ \_\_\_\_\_ Initial Payment: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Payable:  One-time or over a \_\_\_\_\_ year period (1 – 5 years).

Payment Schedule (circle one): Monthly / Quarterly / Semi-Annually / Annually

My first donation payment will be made on (DD/MM/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

## DONOR INFORMATION

Company/Organization (if appropriate): \_\_\_\_\_

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

## ACKNOWLEDGEMENT RECIPIENT INFORMATION

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

## RECOGNITION

Donations of \$5,000 or more are gratefully acknowledged through our Founding Donors campaign. We will contact you via your preferred method of contact, or if you have any questions, please email us at [aboyneruralhospice@gmail.com](mailto:aboyneruralhospice@gmail.com) for more information on Founding Donor benefits and naming opportunities.

Name for Recognition: \_\_\_\_\_ Or, Anonymous

Charitable Business Number: 72798 2548 RR0001

[www.aboyneruralhospice.org](http://www.aboyneruralhospice.org)

Aboyne Rural Hospice, P.O. Box 3004, Elora, Ontario, N0B 1S0

[aboyneruralhospice@gmail.com](mailto:aboyneruralhospice@gmail.com)

Form DF ver 1 Nov 9, 2023

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## METHOD OF PAYMENT

- My / Our post-dated cheque (s) made payable to Aboyne Rural Hospice is / are enclosed.
- I / We will make an electronic transfer via e-transfer to [aboyneruralhospice@gmail.com](mailto:aboyneruralhospice@gmail.com)
- I / We will make a gift of securities. (Hospice Team Member will be in touch regarding transfer details when appropriate)

## THANK YOU FOR YOUR SUPPORT

Tax receipts are issued for donations of \$50 or more unless requested by checking this box.

For office use only: Appeal Name: _____ Request entered (date): _____
ARH Contact: _____ Staff initials: _____