



Donation Form

Print this form and send it with your cheque or credit card information to:

Hospice Greater Saint John
385 Dufferin Row * Saint John, NB E2M 2J9
Tel: (506) 632-5593 E-mail: info@hospicesj.ca
Charitable Registration Number - BN 118963743 RR 0001

Your Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone: _____

Amount of gift: \$ _____

Enclosed is my cheque made out to Hospice Greater Saint John.

I prefer to make my gift by VISA

Visa Card Number: _____ Expiry Date: _____

Name: _____ Signature: _____

In Memory of _____ In Honour of _____

Please send a donation card to let the family/person know of my gift (the amount of gift will not be disclosed):

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Hospice Monthly Giving Program

“Your monthly donation of \$5, \$10, \$15 or \$20 (or whatever amount fits your budget) is an easy way to support Hospice and make a tremendous difference. I joined the Hospice Monthly Giving Program three years ago. My monthly donation allows me to give a small amount at a time that really adds up over the year. I am able to give a larger annual donation to Hospice, because only a small amount comes out of my monthly budget. Try it. You’ll see how easy it is to make a big difference!” – Sandy Johnson, Executive Director

I would like to make a monthly donation. Enclosed are _____ monthly cheques for \$ _____ each.

I would like to make a monthly donation by credit card. I authorize Hospice Greater Saint John to receive my monthly gift of \$ _____ on the first of each month. (Complete Visa information above.)

Thank you for your generosity!