



DONATION FORM

CRA CHARITABLE REGISTRATION #: 89146 8373 RR0001

Your generous donation is greatly appreciated. A tax receipt will be issued for donations over \$20.00
Please indicate how much you would like to donate:

- \$50 \$75 \$100 Other Amount: _____
 \$150 \$200 \$300

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please mail this completed form to AHPCA with a **cheque** made **payable to Alberta Hospice Palliative Care Association**.

Is this a memorial gift? Yes, in memory of: _____

Please provide the name and address for acknowledgment letter:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____