

DONATION FORM

Please indicate how much you would like to donate:

- \$50.00 \$100.00 Other amount: _____
 \$75.00 \$250.00

Name: _____

Address: _____

City / Province / Postal Code: _____

Phone: _____ Email: _____

Payment Options (please indicate preference): Credit Card Cheque

Mail this form to AHPCA with your credit card information filled in or with a cheque made payable to Alberta Hospice Palliative Care Association.

Credit Card: Visa Mastercard Security Code (3 digits on back of card): _____

Number: _____ Expiry: _____

Name on credit card (please print): _____

Authorized Signature: _____

Is this a memorial gift? Yes In memory of: _____

Please provide the name and address for acknowledgment letter:

Name: _____

Address: _____

City / Province / Postal Code: _____

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Visit www.ahpca.ca for more information on
AHPCA or to become a member.