

Lights of Love Donation Form

Your support has an impact right here in your community. This holiday season let's come together to light up our Rotary Hospice with love. *Thank you!*

Please complete this form and mail it or drop it off to: Stratford Perth Hospice Foundation, 80 Greenwood Drive, Stratford, ON N5A 0J1 or call 519-508-4900.

Name: Date:				
Address:		City:		
Prov.: P.C.:	Phone:		Cell:	
Email:				
To help us keep our costs down, may we se	end your tax re	ceipt by email?	☐ Yes ☐ No	
Would you be interested in receiving maili	ngs from Rotai	y Hospice? 🗖	Yes 🗖 No	
(We respect the privacy of our donors and do not s	sell or distribute o	ur mailing list).		
DONATION DETAILS				
I/We would like to make a donation to the	Lights of Love	holiday campa	aign as follows:	
□\$20 □\$50 □\$75	□\$100	□\$250	□ Other: \$ _	
This gift is □ <i>In Honour of</i> or □ <i>In Memory</i>	of:			
☐ Yes, please acknowledge our loved one				
DONATION TYPE				
☐ By Cheque: payable to: Stratford Peri	th Hospice Fou	ndation		
☐ By Credit Card: ☐ VISA	□м	☐ MasterCard		
Card #:	Expiry	Date:/_	(MM/YY)	Security Code:
		Signature:		
RECOGNITION: Donations of \$5,000 or mo	ore received by	December 31,	2019 will be a	dded to our permanent
capital campaign wall. Donations of \$2,500	o and more wil	l be acknowled	ged on the anr	nual donor wall (to be in
place summer 2020).				
Name for recognition:	for recognition: Or, \Box Anonymous			

THANK YOU FOR YOUR GENEROUS SUPPORT!