

## THE GREATER TRAIL HOSPICE SOCIETY THANKS YOU FOR CARING!

Join our caring community with a monthly gift to help us bring comfort and compassion. "Hospice care is about more than helping people die with dignity; it's about helping our neighbors live life with love." Would you consider giving up one lunch out a month and donating that total to Hospice, or matching the amount that you spend on coffee in a week? Your contribution will support volunteer training, provide ongoing education, guarantee program coordination, develop resources for our clients and families, provide technology, and access materials - all enabling our people to be hands on with those in need. Every gift, great and small, helps us to bring comfort, compassion and understanding to people who are facing a life-limiting illness.

READY TO BECOME PART OF THIS CARING COMMUNITY WITH A MONTHLY DONATION? Please complete the attached form. You can bring the form to the Hospice Office or simply scan and email the form to [info@trailhospice.org](mailto:info@trailhospice.org). Every month your specified amount will automatically be debited from your bank account and at the end of the year you will receive your tax-deductible receipt. Donations by cheque are also appreciated.

Thank you for considering a gift that will help us serve the people of our communities.

### I WANT TO BECOME A MONTHLY DONOR AND SUPPORT THIS GREAT WORK!

GREATER TRAIL HOSPICE SOCIETY                      DATE: \_\_\_\_\_

Please debit my bank account on the 1<sup>st</sup> \_\_\_\_\_ or 15<sup>th</sup> \_\_\_\_\_ of the month

Amount \$ \_\_\_\_\_      Signature \_\_\_\_\_

Donor Name (print or type): \_\_\_\_\_

Address/Contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

This donation is made on behalf of: \_\_\_\_\_ an Individual    \_\_\_\_\_ a Business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). or contact the Hospice office.

Greater Trail Hospice Society

#7, 1500 Columbia Avenue

Trail BC V1R 1J9

250-364-6204

[info@trailhospice.org](mailto:info@trailhospice.org)

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

Please enclose a void cheque or complete the following banking information and scan the completed form and forward to the Hospice office:

\_\_\_\_\_  
Bank # (3 digits)

\_\_\_\_\_  
Transit # (5 digits)

\_\_\_\_\_  
Account #