



# Hospice Society of Greater Halifax

*Living fully, dying well.*

## In Memoriam Donation Information Form

In Memory Of:		Amount(\$)	
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Message on Card:

Acknowledgement To Be Sent To:

**Complete Address** (Acknowledgement)

Donation Received From:

**Complete Address** (Tax Receipt)

Name on Tax Receipt

### **Payment Information**

Cash/Cheque

Visa/Mastercard

Online

Credit Card Number:

Expiry Date:

Name on Card:

Date In Memoriam Card Sent:

(Office Use Only)

Information Taken By:

(Office Use Only)

Date: