



COMPASSION IN ACTION GIFT FORM

Yes! I/we want to support Foothills Country Hospice Society – Compassion in Action and commit the following:

Total Amount of Gift: \$ _____

Initial Payment: \$ _____

Balance: \$ _____

Payable: One-time **or** over 1 year 2 years 3 years 4 years 5 years Starting: dd/mm/yyyy

Payment Schedule: Monthly Quarterly Semi-Annually Annually

Please direct my gift to:

Compassion In Action Campaign Endowment Special Instructions _____

Signature: _____

Personal Gift Corporate Support (please check)

Company/Organization (If appropriate) _____

Name(s) _____ Title _____

Address _____ Prov _____ PC _____

Telephone _____ E-mail _____

Name(s) for Recognition (if different than above) _____ Anonymous

My gift is in Honour of Memory of _____

Payment Information

Credit Card Payment(s): I authorize Foothills Country Hospice Society to debit my credit card
Card No. _____ Expiry Date: _____ CVV _____

Cheque(s) enclosed made payable to **Foothills Country Hospice Society**
Box 274, Okotoks, Alberta, T1S 1A5

Bank withdrawals: I authorize Foothills Country Hospice Society to make withdrawals from my bank account (please enclose a blank cheque marked VOID for this purpose).

Thank you for your support!

Charitable Registration No. 861441053 RR 0001

Canada Revenue Agency

<https://www.canada.ca/en/services/taxes/charities.html>

Privacy Statement: Foothills Country Hospice Society respects your privacy and adheres to all legislative requirements and best practices with respect to protecting your privacy. We do not rent, sell, or trade our donor lists. If at any time you wish to be removed from our contact lists or do not want to be included in a donor recognition list, please contact our office.