

Help Hospice Help Others!!

\$10 **I wish to become a member of Pacific Rim Hospice Society** (*Charitable Receipt issued*)

I would like to make a charitable donation (*Charitable Receipt will be issued*)

- \$50 \$100 \$500 Other _____
- I wish my donation to remain anonymous
- Please send me information on "Planned Giving"

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

My Donation is in Memory of: _____

Please Notify: _____

(Address) _____ of my remembrance.

I would like to get involved with Hospice

- Receive quarterly newsletters by mail Join the Board of Directors
- Receive the quarterly Hospice newsletter by email Become a Hospice Volunteer
- Help in office, fundraising and special events

Please send membership fee and form to P.O. Box 7, Tofino BC V0R 2Z0