

E-transfer Donation Form

Donor Information

This information will be used for tax receipt purposes

Name		Street Address*	
Date		City/Town	
Phone		Province	
Email		Postal Code	

**No PO Boxes - physical address only for tax purposes*

Donation Information

Donation Amount:

In Memory / Honour of:

Message to charity/ other information:

Contact Information of anyone needing to be notified of your donation

The amount of your donation will not be disclosed.

Name		Address	
Date		City/Town	
Phone		Province	
Email		Postal Code	

E-transfer Payment Information

- Please send a copy of this completed form to finance@hospicemuskoka.com
- Please send your e-transfer directly to finance@hospicemuskoka.com

FOR OFFICE USE ONLY

Received by	
EFT #	
Tax Receipt #	