



The Salvation Army Agapé Hospice Donation Form



For donations by credit card or cheque, please print and complete this form and mail to:

The Salvation Army Agapé Hospice
1302 8th Avenue NW
Calgary, AB T2N 1B8

Date: _____
(mm/dd/yyyy)

DONATION:
\$ _____

NAME _____

ADDRESS _____

CITY/TOWN _____ PROVINCE _____ POSTAL CODE _____

PHONE # _____

VISA Card # _____

MASTERCARD Expiry Date _____

CHEQUE Cheque # _____

SPECIFY DONATION TO: **S.A. Agapé Hospice, Calgary**

IN MEMORY OF: _____

PLEASE CHECK HERE IF YOU WISH THE FAMILY TO BE NOTIFIED OF YOUR DONATION.

With sincere appreciation, Agapé Hospice.