



Order of St. John Palliative Care Foundation

Incorporated under Canada Letters Patent December 12, 1996
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Donation Form

Donor Information (please print or type)

Name _____

Billing address _____

City, Prov. Postal Code _____

Phone _____

Email _____

Donation Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Form Enclosed _____

Form Will Follow _____

Acknowledgement Information

This gift is in Memory of: _____

Please acknowledge donation to: Name: _____

Address: _____

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Order of St. John Palliative Care Foundation
At address noted above.