



*The Mission of the Prince George Hospice Society is to enhance the quality of life and death of individuals experiencing life threatening illnesses, and help people work through grief and loss by providing supportive programs and services.*



**Donor Information** (please print or type)

Name			
Address			
City			
Province		Postal Code	
Telephone (home)		Telephone (business)	
Fax		E-mail	

**Pledge Information**

I/we pledge a total of \$\_\_\_\_\_ to be paid:

Now     Monthly     Quarterly     Yearly over \_\_\_\_\_ (# of) years

I/we plan to make this contribution in the form of:  Cash     Cheque     Credit card     Other

Credit card type	Expiration date
Credit card number	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation)

Form enclosed     Form will be forwarded

**Acknowledgement Information**

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

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I/we wish to discuss naming opportunities in recognition of my/our contribution.

I/we wish to have our gift remain anonymous.

Signature(s)
Date

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

Prince George Hospice Society  
3089 Clapperton Street  
Prince George, BC V2L 5N4  
Charitable Registration Number: 11910-3460-RR0001

**Thank you for your pledge.** Your support will help us to help more individuals and families through their end-of-life situations and make them feel the most comfortable, supported and cared for as their days together draw to a close.