

## Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tax Receipt to be:  Mailed  Emailed  Anonymous (no receipt required)

Amount of Donation \$ \_\_\_\_\_

Cash  Cheque (payable to COHA)  Credit Card

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card (if different from above) \_\_\_\_\_

General Donation  Please direct this gift to the area of greatest need at COHA

In memory of \_\_\_\_\_

In Honor/Celebration of \_\_\_\_\_

Send Acknowledgment Card To \_\_\_\_\_

Address \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT**

**COHA**   
AUGUST CENTRE

Central Okanagan Hospice Association

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