



# ENCLOSED IS MY DONATION TO THE SALVATION ARMY AGAPÉ HOSPICE

1302 8<sup>th</sup> Avenue NW, Calgary, AB T2N 1B8  
E-Mail: [charitablegifts@agapehospice.ca](mailto:charitablegifts@agapehospice.ca)  
Phone: 403-282-6588 Fax: 403-284-1778



Date: \_\_\_\_\_

*Your privacy is important to us. The personal information you provide is used for the purpose of generating a tax receipt, maintaining contact with you and to provide recognition as part of our donor stewardship program. The Salvation Army Agapé Hospice does not sell, trade or otherwise share your information.*

## **Contact information:**

_____		_____	
First Name		Last Name	
_____		_____	
Apt.		Street	
_____		_____	
City	Province	Postal Code	Country
_____		_____	
Phone		E-mail	

- Yes, you may publish my name in recognition materials
- Please send me more information on The Salvation Army Agapé Hospice
- Please do not add me to your mailing list

## **Payment Information:**

Donation Amount: \$ \_\_\_\_\_

Visa                       Cheque made payable to "The Salvation Army Agapé Hospice"

MasterCard               American Express

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

I would like to become a  Monthly or  Annual Donor  
(A pre-authorized payment form will be provided for you to complete and send to The Salvation Army, Toronto, ON)

## **Please apply this contribution to:**

- Area of Greatest Need; or
- Designated to (please specify): \_\_\_\_\_

## **In Memorial Donation:**

This donation is in memory of: \_\_\_\_\_

Please send an acknowledgement letter to:

_____		_____	
First Name		Last Name	
_____		_____	
Apt.		Street	
_____		_____	
City	Province	Postal Code	Country