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Please consider providing an email. Email receipts will help us allocate more funds to providing quality compassionate care through end-of-life.

First Name: _____ Last Name: _____ Team: _____

Address: _____ Apt: _____ City: _____ Province: _____ Postal Code: _____

Email: _____

Home Tel: _____ Bus Tel: _____ Other Tel: _____

Receipts will be issued for all donations of \$20 or more, or if requested, only if donors name and address are complete and legible.
Please make cheques payable to "ARCH". ARCH Hospice 229 Fourth Line West, Sault Ste. Marie, Ontario P6A 0B5

	First Name	Last Name	Home Address	City	Prov.	Postal Code	Office Use	Type	Amount	Receipt
1								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
2								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
3								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
4								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
5								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
6								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
7								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
8								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
9								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									
10								<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Email Address:									



FOR OFFICE USE ONLY

Received \$ _____

Non Received \$ _____

Total Collected \$ _____

Registered Charity # 86395 3766 RR0001
FD.02

Total Cash \$ _____

Total Cheque \$ _____

Total Page \$ _____