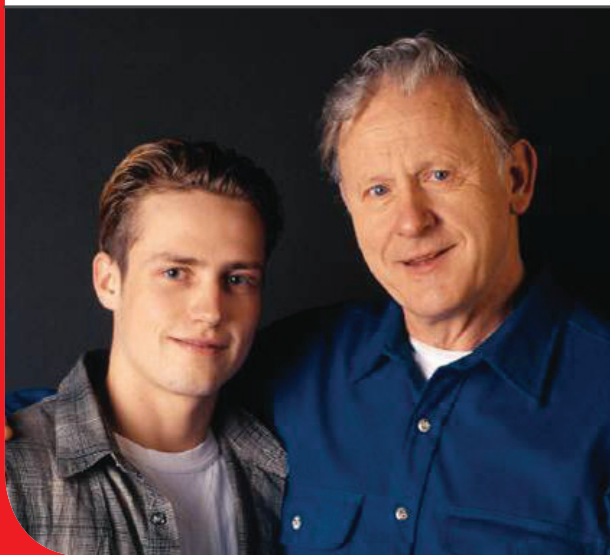


Abbotsford does not have a hospice residence for those over 19 who are dying. The Abbotsford Hospice Society is building a family-oriented facility where a care team will meet all the needs of patients and families around the clock.

**...we need your help,**  
for as little as \$10 a month you can help your family, friends, colleagues and neighbours.



*Help Us Light The Way*  
ABBOTSFORD HOSPICE SOCIETY

To find out more about donor opportunities please contact . . .

Marion Keys,  
Capital Campaign Manager  
MarionKeys@abbotsfordhospice.org

**Abbotsford  
Hospice Society**

33134 Marshall Road  
Abbotsford, BC V2S 1K5  
604 852 2456  
www.abbotsfordhospice.org

CHARITABLE REGISTRATION #: 118776053RR001

**How can  
you help  
your family,  
friends,  
colleagues  
and  
neighbours?**



*Help Us Light The Way*  
ABBOTSFORD HOSPICE SOCIETY

As a monthly giving partner to **Seeds of Strength** you will help fund:

- patient suites
- family suites
- children's expressive therapy room
- family counseling rooms
- teaching centre
- music and play area
- support group rooms
- library and reference area
- family kitchen
- patient & family dining room
- volunteer support space
- nursing station
- patient and family lounge
- therapy tub room
- comfort care room
- quiet room

## A History of Caring for our Community

For over 24 years, Abbotsford Hospice Society (AHS) has helped people who are dying and provided support services free of charge to families. In addition to those who are living with a terminal or life-threatening illness, AHS provides programs to comfort children, teens and adults on their very personal journey of grief and loss.



## seeds of strength

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

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

### AUTOMATIC TRANSFER AUTHORIZATION

Please provide a void cheque with this authorization.

I, \_\_\_\_\_ authorize Prospera Credit Union to DEBIT my account for the purpose of a charitable donation.

# \_\_\_\_\_ and CREDIT

Abbotsford Hospice Society account in the amount of:

\$10  \$25  \$50  \$75 \$\_\_\_ other

on the following monthly basis.

expiry date: \_\_\_\_\_

If no expiry date is specified this is in effect until revoked in writing.

I wish my donation to be anonymous

### Pre-Authorized Debit Authorization

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, (available at <http://www.abbotsfordhospice.org/donate.php>) including the terms and conditions, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement.

I/We warrant and guarantee that the person(s) whose signatures are required to sign on the Account have signed the agreement.

\_\_\_\_\_  
Payor Signature Date

\_\_\_\_\_  
Payor Signature Date

If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.