

Yes, I would like to support the important work Greenwoods does in my community.

I will make a gift of : \$25 \$50 \$100 \$500 \$1000 other: \$ _____

My cheque is enclosed OR Please charge my:    VISA/MASTERCARD # _____

Expiry date _____

NAME _____ please print NAME ON CARD _____ please print

Mr Mrs Miss Ms Dr (please circle)

(SIGNATURE required for credit card donation)

ADDRESS _____

POSTAL CODE _____

PHONE _____

EMAIL ADDRESS (optional) _____


Greenwoods Foundation will issue a tax receipt to acknowledge your generosity.
Charitable Organization Registration: #86128 7258 RR0001

GreenwoodsFoundation
133 Blain Road, Salt Spring Island, B.C. V8K 1Z9

Annual Appeal

Cheques payable to Greenwoods Foundation.

I would also like to pledge a gift of \$ _____ a) monthly for ____ (eg. 18) months, or
for a total gift of \$ _____ b) annually for ____ (eg. 5) years

Please use my:   using the credit card information on the top of this form.

Please contact me using the phone number on the top of this form to discuss Estate and Memorial Planning.

I would like to volunteer. Please contact me using the phone number on the top of this form.



The Tree of Life
Keep it green.

GreenwoodsFoundation
133 Blain Road, Salt Spring Island, B.C. V8K 1Z9
250 537 5561 kjackson@greenwoodseldercare.com