



# Heart of Hawthorne Foundation

*Helping Hands Caring Hearts*

## Donation Information

I wish to make a donation of:     \$50     \$100     \$500     other \$ \_\_\_\_\_  
Contribution:     Monthly     Annually     Onetime

Payment Method:  Cash/Cheque Enclosed     Pre-authorized Chequing (*please include void cheque*)  
 Charge my Credit card     MASTERCARD     VISA     AMEX

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

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

## Receipting Information

Title: Mr./ Mrs./ Miss/ Dr. /Other

\_\_\_\_\_  
Surname(s)

\_\_\_\_\_  
First name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province & Postal Code

Telephone: \_\_\_\_\_(B) \_\_\_\_\_(R)

Email: \_\_\_\_\_(B) \_\_\_\_\_(R)

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