



Solace Grief Support Society

MEMBERSHIP/DONATION FORM

RPO Box 45089 Highwood, High River, AB, T1V 1R7
www.solacegriefsupport.com

DEMOGRAPHICS

Date _____

NAME

_____ Last Name

_____ First Name

MAILING ADDRESS

CITY

PROV

POSTAL CODE

EMAIL

PRIMARY PHONE

FEES/DONATIONS

Charitable tax receipts will be issued for all contributions over \$20. Our registered charity number is 77698 8331 RR0001.

Annual Membership Fee \$25

Optional: Donation _____

Total Contribution: _____

Method of Payment

Preferred E-Transfer to
solacegrief1@gmail.com

Cash or Cheque

ENGAGEMENT

Would you be interested in serving on the:

Board of Directors

YES NO

Sub Committee

Finance

YES NO

Communications/Marketing

YES NO

Fundraising

YES NO

Volunteering

YES NO

Would you like to receive communication from SGSS?

YES NO