



Date: _____

Mr. Mrs. Ms. _____

(Name)

(Address)

(Town, Postal Code)

(Phone Number)

(Email Address)

Amount of Donation: \$ _____ Cash Cheque Visa MasterCard

Card #: _____ Expiry Date: _____ Signature: _____

Gift Designation: Highest Priority Equipment Friendship Gardens Other: _____

If Gift is *In Memory* or *In Honour* of someone, please complete the following:

In Memory of: _____ In Honour of: _____

Next of Kin/Honoured Person: _____

Message on Card: _____

