

## **DONOR INFORMATION**

For Charitable Tax Receipt

Name of Donor: \_\_\_\_\_

Address/Box No.: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Phone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Please check one or any that you are submitting for:

- Name Plate on the Pillars \$300
- Brick 4"x8" \$300    Brick 8"x8" \$500    Brick 8"x16" \$1200    Brick 16"x16" \$2500

Total Amount of Donation: \_\_\_\_\_

Method of Payment:    Cheque by mail    Credit Card by phone    Online

Relationship to Submission(s) Below: \_\_\_\_\_

## **NAME ON PILLAR**

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

Troop #/Year: \_\_\_\_\_ Regimental #: \_\_\_\_\_

*(Example: TR. 3 1964/65)*

Please note: Only 1 name per nameplate. If you would like to request multiple nameplates, please print additional forms.

## **NAME(S) ON BRICK(S)**

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

OR:

Surname: \_\_\_\_\_ Initial(s) or First Name(s): \_\_\_\_\_

Hometown (optional): \_\_\_\_\_

Please note: 20 characters per line (including spaces), maximum 3 lines.