

150 GROUP CLAIM FORM

**PILLARS
OF THE FORCE**

Take the lead, assemble your own team (*minimum of six*) and reduce your initial \$300 donation to \$150 for all team members. Complete and submit this claim form and the total amount of team donation. Each team member will receive an individual charitable tax receipt for the amount he/she donated. To also donate towards *No One Left Behind*, just add the extra to your nameplate \$150 donation and increase the donor amount accordingly in the left hand column below.

Date of Submission: _____ Submitted by team Lead: Donor # below: _____

Donor #	Amount \$	NAME & MAILING ADDRESS (for charitable tax receipt)	TEXT FOR NAMEPLATE Dog name & Regimental #
1	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
2	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
3	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
4	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
5	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
6	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	

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Additional NAMES Claim Forms (as needed)

If more than 6 names are to be claimed, please submit additional form(s).

Page __ out of __

Page __ out of __

Page __ out of __

Donor #	Amount \$	NAME & MAILING ADDRESS (for charitable tax receipt)	TEXT FOR NAMEPLATE Dog name & Regimental #
1	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
2	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
3	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
4	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
5	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	
6	\$	Name: _____ Address: _____ City/Town: _____ Prov. _____ Postal Code: _____ Ph# _____ Email: _____	

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Total for Pages ____ out of ____

Total Team, Donation Amount: _____

Note: We will follow up with information on submitting your story.

Method of Payment: *(choose one)*

Cheque by mail

Credit Card by phone

eTransfer

On-Line

Contact Us

Website: www.rcmphcfriends.com/pillars-of-the-force/

Facebook: www.facebook.com/pillarsoftheforce/

Email: friends@rcmphc.com

Phone: 306 719-3015

Mailing Address

Pillars of the Force

C/O: RCMP Heritage Centre

5907 Dewdney Avenue

Regina, SK, Canada S4T 0P4