

## **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:-1

- Name Plate on the Pillars \$300
- Brick 4"x8" \$300    Brick 8"x8" \$500    Brick 8"x16" \$1200    Brick 16"x16" \$2500
- Donation for No One Left Behind Fund: \$ \_\_\_\_\_

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 of 3 lines.

### **Contact Us:**

Website: [www.rcmphcfriends.com/pillars-of-the-force/](http://www.rcmphcfriends.com/pillars-of-the-force/)

Facebook: [www.facebook.com/pillarsoftheforce/](http://www.facebook.com/pillarsoftheforce/)

Email: [friends@rcmphc.com](mailto:friends@rcmphc.com)

Phone: (306) 719-3015

### **Mailing address:**

Pillars of the Force  
C/O: RCMP Heritage Centre  
5907 Dewdney Avenue  
Regina, Saskatchewan, Canada  
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