

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
- 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/

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, Saskatchewan, Canada
S4T 0P4