

# Donation Form

Mail to: Kawartha Trans Canada Trail Association  
c/o Fleming College - Frost Campus  
200 Albert Street South, Lindsay ON K9V 5E6



## Donor information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_ E-mail \_\_\_\_\_

Email receipt

Mail receipt

**Please make cheque payable to Kawartha Trans Canada Trail Association.**

Contribution \$ \_\_\_\_\_  Cheque    

Card # \_\_\_\_\_ Expiry (MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

## Name to be inscribed on Donor Wall

### Make this donation

in memory of  in honour of \_\_\_\_\_

### Notify this person about donation

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel \_\_\_\_\_