

## Donation Form

**Parry Sound Curlers Care  
Supporting Military Families  
North Bay Military Family  
Resource Centre**



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

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

Town: \_\_\_\_\_

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

Email address (required for tax receipts)

\_\_\_\_\_

Please Accept my Cheque  Cash  Donation of \$ \_\_\_\_\_

Income Tax receipts issued for donations of \$20.00 or more

*Thank You For Your Support*