I will help build the Stonewall & District PCH!

Name:			
Address:			
City:	Province:	Postal Cod	e:
Phone:	E	mail:	
Gift			
I will give a gift of: \$			
\square My full gift is enclosed			
\square I wish to pledge this amo	ount over: Three Years	☐ Five Years ☐ Othe	r
My first payment o	of \$		
\square Will be made on	n(DD	/MM/YY)	
\square Once the govern	nment confirms the project	(we will contact you to make p	ayment arrangements)
Subsequent payme	ents on: \square Anniversary of 1 $^{ m s}$	st payment \square Other	(DD/MM/YY)
Recognition Information			
\square I wish my gift to be anonym	ious		
\square I wish my gift to be listed as	5		
and please let the Stonewall a	and District Personal Care H	ome Committee know tha	at I have made a donation.
Payment Information ☐ Cheque (payable to Interlal	ka Cammunity Foundation	fund name: Stonewall &	District DCH Project Fund
\square Credit card	te community roundation,	Tuliu liailie. Stollewali &	District FCH Project Fullaj
Name on Card:			
Card number:		exp:	cvv:
Signature			
Signature (required):		Da	ate:

If you have any questions, please contact: Ralph Eichler, Campaign Chair, at 204.886.7892, rocklakeside@gmail.com.

E-Transfers can be sent to <u>info@interlakefoundation.ca</u>. Please follow-up with an email with your name and mailing address so the Foundation can issue a charitable tax receipt. Donations of securities are also welcome – please contact the Foundation for more information. Contact details are below.

All donations are made to **Interlake Community Foundation** (registered charitable organization # 892930165 RR0001 Charitable receipts will be issued for donations \$50.00 and over.