

Donation Form

LE COMPLEXE RÉCRÉATIF ET CULTUREL DE
Clarence-Rockland
RECREATIONAL AND CULTURAL COMPLEX

Bâtir le cœur de
notre communauté
CAMPAGNE DE FINANCEMENT



Building the heart
of our community
FUNDRAISING CAMPAIGN

EN PARTENARIAT | IN PARTNERSHIP

CITÉ DE | CITY OF CLARENCE-ROCKLAND
CONSEIL SCOLAIRE DE DISTRICT
CATHOLIQUE DE L'EST ONTARIEN
YMCA-YWCA
BIBLIOTHÈQUE PUBLIQUE DE
CLARENCE-ROCKLAND PUBLIC LIBRARY

Yes, I wish to support the Campaign "Building the heart of our community" for the Clarence-Rockland Recreational and Cultural Complex.

Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone > HOME: _____ BUSINESS: _____ CELL: _____

I WISH TO CONTRIBUTE AS FOLLOWS:

One-time donation of \$ _____

Annual donation of \$ _____ \$ for a period of _____ years,
to be made on the last working day of May November, starting in 20 __ __.

Monthly installment of \$ _____ for the period of ____/____ (mm/yy) to ____/____ (mm/yy)
(Withdrawal will be made the last workable day of the month).

PAYMENT OPTIONS:

Cheque enclosed Post-dated cheque(s) attached

Payable to: City of Clarence-Rockland - Complex

Pre-authorized payment (please attach a personal blank cheque marked "Void").

I authorize the City of Clarence-Rockland to withdraw the required amounts from my account. The municipality may cancel this authorization.

Credit card (for the one time or annual donation) Visa Mastercard

Card number: _____ Expiration date: ____ / ____

Signature: _____ Date: _____

For recognition purpose, I would like my/our name to appear as follow (BLOCK LETTERS PLEASE):

I wish my gift to remain anonymous.

Correspondence language: English French

Signature: _____ Date: _____

A tax receipt will be issued and annual reminder will be sent when applicable. | FEDERAL BUSINESS # 872 445 960

PLEASE SEND TO THE CAMPAIGN OFFICE:

1560 Laurier Street, Rockland (Ontario) K4K 1P7 | Telephone: 613.446.6022 ext. 2237 | Fax: 613.446.1497

Thank you for your donation!