



GIFT DONATION FORM

SECTION A: Personal Donation, *please complete Section A & C*

Donation From:

_____ *Your Name*

Your Address:

_____ Postal Code:

Telephone #: () _____

SECTION B: Donation In Memory Of, *please complete Section A, B, & C*

Name Of Person Donation Is In Memory Of:

Please Send Acknowledgement of My Gift To:

Mr. /Mrs. /Ms. /Miss _____

Address: _____

_____ Postal Code:

SECTION C: *Please make cheques payable to SCAPD*

Donation Amount: \$ _____ Method of Payment: Cheque or Cash

Please return this form to:

Attn: Planned Giving
The Simcoe County Association for the Physically Disabled
1102-44 Cedar Pointe Drive
Barrie, Ontario
L4N 5R7