



JIIMAAN KINOMAAGEWIN
THE CANADIAN CANOE MUSEUM
LE MUSÉE CANADIEN DU CANOT

Donation Form

*YES, I would like to make a gift of \$ _____.

One-time gift Monthly recurring gift

Please direct my donation to:

Highest priority needs

Care for the Collection

New Museum Capital Campaign

Kirk Wipper Legacy Fund

Other _____

Donor Details: (individual donor name for tax receipt purposes - if applicable)

*Full Name: _____

*Mailing Address: _____

*City: _____ *Province/State: _____ *Postal/Zip Code: _____

*Phone: _____ *Email: _____

*Recognition

I (we) would like to be recognized in any recognition (where applicable) as:

I (we) wish to remain anonymous

Tribute

I (we) would like to make my gift

in honour of _____

in memory of _____

Please send an acknowledgement card to:

Payment Details:

*Payment Method: Cash Cheque Credit Card (*complete details below*)

Credit Card #: _____

Expiry Date: _____ Security Code: _____

Billing Address: _____

Postal Code: _____ Name on Card: _____

Date: _____ Processed By: _____

Mail your completed form to: The Canadian Canoe Museum, 2077 Ashburnham Drive, Peterborough, ON K9L 1P8.