



Donation Form

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

One-time gift Monthly recurring gift

Please direct my donation to:

Move the Collection – Fill the Collection Hall Move the Collection – The Final Portage

New Museum Capital Campaign Operations Sustainability

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 card to:

Payment Details:

*Payment Method: _____

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, 910 Monaghan Road, Peterborough, ON K9J 5K4.

For more information phone 705.748.9153 or toll free 866.342.2663