



TRAIL ASSOCIATION FOR COMMUNITY LIVING

Donation Form

Donor Information (please print)

Name:			
Street Address:			
City:	Postal Code:		
Telephone (home):	Telephone (business):		
Telephone (cell):	E-Mail:		

Donation Information

I (we) donate a total of \$_____.

Please make checks payable to: Trail Association for Community Living

Donations can also be made securely online at www.CanadaHelps.org

Please direct my donation to:

- | | |
|---|--|
| <input type="checkbox"/> Use as needed | <input type="checkbox"/> Technology Fund |
| <input type="checkbox"/> Vans On The Go Fund | <input type="checkbox"/> Facility Needs |
| <input type="checkbox"/> Senior Activity Fund | |

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

This gift is being made in memory / in honour / in celebration of _____

Signature(s)
Date

Getting your donation to us:

Dropped off at 1565B Bay Avenue, Trail, BC

Mail to:

Trail Association for Community Living Box 131,
Trail, BC V1R 3L4

Thank you on behalf of all of the people we support

One Community ... Creating Opportunity