

## MEMORIAL DONATION FORM

Charitable Tax Number: 88790-6964-RR0001

I/We are pleased to support Wetaskiwin and District Victim Services with a gift of \$ \_\_\_\_\_.  
(Please make cheques payable to Wetaskiwin and District Victim Services.)

### 1) Tribute:

Select a tribute and please print name of the person/s in memory of or in honour of

- In Memory of       In Honour of       Congratulations       Get Well  
 Happy Anniversary       Happy Birthday       Thank You       Wedding

**Name:**

First Name

Last Name

### 2) Acknowledgement:

If you would like an acknowledgement sent to the family or friends that a gift has been received by you please print the name of the person who you would like to receive the acknowledgment card:

**Name:**

First Name

Last Name

**Address**

Street

City

Province

Postal Code

**Home Phone**

### 3) Receipt:

Please check here if you would prefer a  General Receipt or an  Official Tax Receipt .

The Canada Customs and Revenue Agency requires that tax donation receipts bear the name and address of the actual donor. If this donation is being made on behalf of a group or company, please provide the group or company name.

**Mail receipt to:**

**Donor:**

First Name

Last Name

**Address**

Street

City

Province

Postal Code

**Home Phone**

**Work Phone**

**Email Address**

**THANK YOU** for supporting Wetaskiwin and District Victim Services and the communities we serve.

If you require additional information, Victim Services welcomes the opportunity to speak to you and/or your organization