



Community Co-op Campaign DONATION FORM

*//We are pleased to donate a gift to support
the future of the Ryde Community Co-op*

DONOR INFORMATION: (PLEASE PRINT CLEARLY)

Name: _____ Member Friend of Ryde

Mailing Address: _____ City: _____

Prov/Postal Code: _____

Contact Phone: (_____) _____ Email Address: _____

May we share you're your gift amount, during our fundraising campaign? Yes No

May we share your name, as a supporter, during our fundraising campaign? Yes No

MEMORIAL/TRIBUTE INFORMATION:

I would like to make my gift:

In Memory of: _____ In Honour of: _____

Please send a letter to let the family/person know of my gift. Complete the information below:

Name: _____

Mailing Address: _____ City: _____

Prov/Postal Code: _____

NOTE: THE AMOUNT OF YOUR GIFT WILL NOT BE DISCLOSED

DONATION:

Enclosed is my gift of \$ _____ Cash Cheque Yes, Please issue a tax receipt

ADDITIONAL INFORMATION:



Please return to:
Ryde Community Co-op
1624 Barkway Rd.,
Gravenhurst, ON P1P 1R3

The Ryde Community Co-operative Inc.
Is a registered Canadian Charity
86150 7929 RR0001

FOR OFFICE USE ONLY:

RECEIPT #: _____ DATE TAX RECEIPT MAILED: _____