



# DONATION FORM

777 Memorial Avenue  
Orillia ON L3V 7V3  
(705) 330-4178

support@oppmuseumfriends.ca  
www.oppmuseumfriends.ca

## 1. CONTACT INFORMATION

NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #1	EMAIL ADDRESS	
IF AN ORGANIZATION, PLEASE PROVIDE CONTACT INFORMATION FOR A REPRESENTATIVE		

## 2. DONATION

<b><i>I WOULD LIKE TO MAKE A DONATION TO SUPPORT THE WORK OF 'FRIENDS'</i></b>		
<b>SUPPORTER LEVELS</b>	<input checked="" type="checkbox"/> Friend (\$25-\$499) <input checked="" type="checkbox"/> Legacy Wall (\$500-\$999) <input checked="" type="checkbox"/> Legacy Wall Bronze (\$1000 - 1499)	<input checked="" type="checkbox"/> Legacy Wall Silver (\$1500-\$1999) <input checked="" type="checkbox"/> Legacy Wall Gold (\$2000-\$2499) <input checked="" type="checkbox"/> Legacy Wall Ruby (\$2500+)
<b>MY DONATION</b> (tax receipt issued for this amount) Registered Charitable Organization # 81381 0819 RR001		<b>\$</b>

## 3. PRIVACY WAIVER

Friends of *The OPP Museum* may publish, post or otherwise disclose my name as a member and/or supporter in its publications and/or website along with the name of any person I associate with my donation. (Please be aware that in giving your permission you are also doing so for any other person you name in association with your donation.)

I Agree  
 I Do Not Agree

**I VERIFY THE ABOVE INFORMATION**

SIGNATURE	DATE
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## 4. ADDITIONAL DONATION INFORMATION

I WOULD LIKE TO MAKE THIS DONATION  IN HONOUR OF  IN MEMORY OF

NAME

A NOTE ACKNOWLEDGING THIS DONATION SHOULD BE SENT TO:

NAME

ADDRESS

CITY	PROVINCE	POSTAL CODE
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EMAIL

## 5. PAYMENT INFORMATION

- Cash (accepted in person only – do not mail cash)
- Cheque/Money Order (payable to Friends of The OPP Museum)
- Payment has been made online at [www.oppmuseumfriends.ca](http://www.oppmuseumfriends.ca)
- Visa/MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ CVV: \_\_\_\_\_

## 6. COMMUNICATION PREFERENCE

Please send Friends of *The OPP Museum* correspondence, notices, publications, etc.:

- By regular mail to the address shown on the reverse
- By email to the address shown on the reverse
- By OPP internal mail to (Detachment/Bureau): \_\_\_\_\_
- Please DO NOT send any communication

OFFICE USE ONLY	
Database Updated	Payment Record
<input type="checkbox"/> Donation Entered _____	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Auth # _____
<input type="checkbox"/> Tax Receipt Issued _____	<input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Online _____
Payment Processed By:	Date:
Entered in Member/Supporter Database By:	Date: