



# FRIENDS OF ROSELAWN DONATION FORM

REGISTERED CHARITY # 82481 4370 RR0001

*Please print clearly*

Name	
ADDRESS	
CITY/PROVINCE	
POSTAL CODE	TELEPHONE
EMAIL	

**Please accept my gift of:**

\$25    \$50    \$100   \$\_\_\_\_\_ (other)

*Your generosity will be acknowledged in our donor recognition materials. Should you wish your name to appear differently than entered above please print it below.*

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**An official tax receipt will be mailed to you at the end of the year.**

**Cheque (payable to The Friends of Roselawn Centre)**

**PayPal**

**Please complete this pledge form, enclose your cheque and mail to:**

**Treasurer  
Friends of Roselawn Centre  
PO Box 281  
Port Colborne, Ontario L3K 5W1**

Yes, I would like to receive electronic communications from the Friends of Roselawn Centre

**Online donations visit: <https://www.canadahelps.org/en/charities/friends-of-roselawn-centre/>**