

Friends of Kincardine Scottish Donation Form

First Name:

Surname:

Street Address:

City/Town:

Postal Code:

Telephone:

Email Address:

Plan A - \$100.00

Plan B - 4 quarterly payments of \$25.00 each.

Do you require a Tax Receipt? Yes or No

Please mail to:

Friends of the Kincardine Scottish
Box 476
Kincardine, Ontario
N2Z 2Y9