



Your help honours them

Canadian War Museum Donation Form

An official receipt will be issued for income tax purposes, for gifts above \$15.

Date: ____ / ____ / ____
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Title/Rank: _____ Name: _____

Please mark if you would like to remain anonymous

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Payments to be made:

- Single Payment of \$ _____
or Annually \$ _____ for _____ years
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Starting Date: _____ (MM/DD/YYYY)

I/We pledge a total of \$ _____

In Memory of : In Honour of :

Title/Rank: _____ Name: _____

Please bill my: Visa MasterCard Amex My cheque payable to the Canadian War Museum is enclosed

Credit Card Number: _____ Expiry Date: _____

Signature: _____

Please mail or fax this donation form to:

Canadian War Museum
1 Vimy Place
Ottawa, Ontario, K1R 1C2
Canada
(819) 776-8639 or 1 800 256-6031
Fax (819) 776-8623

Thank you for your support

