



Long Point Region Conservation Authority Memorial Forest Donation

Date: _____

In Memory of: _____

From: (Name(s) to be entered in the registry) _____

Donation Amount: \$_____ (tax receipt to be provided for donations of \$20 or greater)

Tax Receipt issued to: _____
Name

Mailing Address

Town/City

Province/State

Postal Code

If you would like the donation card mailed to the next of kin, please complete below otherwise leave blank

Name

Mailing Address

Town/City

Province/State

Postal Code