



\$150 will deliver a wheelchair to someone in need of Hope, Mobility, Freedom and Independence. Please, fill out this donor information form completely in case we need to contact you about the delivery and distribution of wheelchairs.

Enclosed is my tax-deductib	le donation of	○ \$150 ○ \$300 ○ Oth	ner
Council		State	
Donor Name			
Mailing Address			
City	_ Province /State	Postal Code/Zip	
Telephone	Email		
•		ertificate of thanks with a photo	
□ NO - I would not like to receive	e a Certificate with phot	to / or	eive a Certificate with photo
Certificate will Read: Cana	ıdian Wheelchair Fo	undation wishes to thank	
☐ Donor (as noted above) / or	\square other:		
For the Gift made:	☐ in the Name of:	☐ in Memory of:	☐ in Honour of:
Gift Recipient Name(s):			
☐ Please mail to me at the ab	oove address / or \Box	Please mail directly to Gift Reci	pient at the following:
Address			
City	_ Province /State	Postal Code/Zip	
	mountain bike tire whee	ore information) elchairs to:elchairs to:	
☐ Cheque enclosed / or ☐ Name as it appears on card		a ○ MasterCard ○ Americar	n Express
Card Number	Expiry Date		
Signature			
PLEASE MAKE CHEQUES PAYABLE TO:		Wheelchair Foundation 038, RPO White Rock	

Fax to (604) 536-9831 / call Toll Free (866) 666-2411 / e-mail: info@cdnwheelchair.ca
For more information, to watch videos of wheelchair distributions around the world or to donate online,

Charitable Registration No. 88861 5606 RR0001