



DONATION COMMITMENT FORM

Thank you for your commitment and support as a Donor. Please print clearly and fill out the required information.

DONOR INFORMATION

Contact Person: Name _____ Title _____
Corporation/Business (if applicable) _____
Mailing Address _____
City/Town _____ Postal Code: _____
Telephone _____ Email _____

Please issue the tax deductible receipt to:

Name _____ OR
Corporation/Business Name (if applicable) _____

DONATION AGREEMENT

By signing this donation agreement, you agree to donate to the Woodridge 125th Anniversary Celebration at the following donation level (minimum \$50 donation, please ✓ one category) and will be recognized on the **DONOR TREE OF LIFE** with a personalized leaf, bird or branch symbolic of the level of donation.

☐ \$50 donation ☐ \$200 donation ☐ \$ _____ donation
☐ \$100 donation ☐ \$500 donation

For the Tree of Life, the name(s), script if applicable (i.e. In memory of) should read as follows:

Authorized Signature _____ Date _____

Please make the cheque payable to the Woodridge Community Club Inc.

Mail your completed donation form and cheque to:

Woodridge Community Club
125th Anniversary Celebrations
Box 127
Woodridge, Manitoba
R0A 2N0