

CONTACT INFORMATION

First Name:	Middle Name (optional):	Last Name:
Home Address:		
City/Town:	Province:	Postal Code:
Home Phone:	Cell Phone:	
Email:		

PAYMENT INFORMATION

<input type="checkbox"/> One time gift of: \$	<input type="checkbox"/> Monthly	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> Other monthly gift amount of: \$
<input type="checkbox"/> Cheque is attached. Please make cheques payable to the <i>Parkwood Foundation</i>				
Credit Card Number:				
Expiry Date (MM/YY):			CVV:	
Cardholders Name:				
Cardholders Signature:				

MEMORIAL OR TRIBUTE GIFT

In honour of:		
In memory of:	Send memorial gift notification to (Name):	
Address:		
City/Town:	Province:	Postal Code:
Personal message to be added to the card (Don't forget to say who it's from):		

- I would like to stay up-to-date on all things Parkwood. I agree to receive communications from Parkwood and understand that I can unsubscribe at any time and that my information will not be shared with any third party organizations.

RETURN FORM TO:

270 Simcoe Street North | Oshawa, ON L1G 4T5 | info@parkwoodestate.com | 905-433-4311
Charitable Registration No: 119250181 RR0001