

HOW CAN I HELP

I would like to make a donation in memory of:
Loved One's Name:

Relationship to Loved One: _____
Loved One's Date of Birth: _____ Date of Death: _____

Please include below any information that you would like to share about your loved one:

Your Name:

Address: _____

City/Province/Postal Code:

Home phone: _____ Work/Cell phone: _____

E-mail address: _____

Cheque Money Order

Please print form and forward with cheque /money order payable to CPOMC:

**CPOMC
P.O. Box 422
Carleton Place, Ontario
K7C 3P5**

NOTE: A tax receipt will be issued for any donation over \$10.00.