STOUFFVILLE SPORTS HALL OF FAME
DONATION FORM

Name: _____

I would like to make a donation in the amount of $ _____ to the Stouffville Sports Hall of Fame

Write a message up to 500 characters (optional)

Dedicate your donation

☐ In Memory of ☐ In Honour of

Name: _____

Please send my charitable tax receipt to:

Name: _____

Address: _____

_____

If you have donated by eTransfer please indicate on which date you sent it.

Date of eTransfer _____