



# West Lincoln Memorial Auxiliary

## MEMORIAL DONATION FORM

### **Donor Information:**

Donor Name(s): \_\_\_\_\_

Address: Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In Memory of:** \_\_\_\_\_

### **Payment Method:**

☐  
☐  
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Cheque

Etransfer to WLMAfinance@bell.net Etransfer password: \_\_\_\_\_

Credit Card (via our website @ wlmauxiliary.ca)

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for supporting West Lincoln Memorial Auxiliary. Your support is invaluable to us.*