



The Sanford McFarlane Family Foundation

Donation Form

Name: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

E-mail: _____

Donation amount: _____

Cheque enclosed payable to The Sanford McFarlane Family Foundation

Credit Card: Visa M/C Name on Card: _____

Card Number: _____ Expiry: _____

A tax receipt will be issued for the donation | Charitable Registration No. 84365 3155 RR0001



ENABLING OTHERS TO ACHIEVE

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