



DONATION DIRECTION FORM

Enclosed is my gift of \$_____. Income from this gift will be distributed annually to the charitable projects that benefit the citizens of Perth County.

Please designate my gift to: Community Fund General Operations

Other: _____
Please name a specific fund. For a complete list, go to www.spccf.ca

Make cheques payable to the **Stratford and Perth County Community Foundation** (SPCCF for short).

My gift is: In Memory In Honour of: _____

Please complete the following information for tax receipt purposes:

Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

Signature: _____

Please include my name as follows: _____ among the supporters and benefactors recognized in the Community Report.

I prefer to remain anonymous.

Please return this information with your donation cheque to:

Stratford and Perth County Community Foundation

55 Lorne Avenue East, Unit 5, Stratford, Ontario N5A 6S4

P 519-271-1503 F 519-271-1504 E info@spccf.ca

Thank you for your generous gift. Your support makes a difference in our community!

Registered Charitable # 88488 4305 RR0001