



MAKE A DONATION

(to become a Member or Renew your Membership see previous options)

Donation Amount _____

Reason for Donation _____

Date _____

Name _____

Business Name _____

Address _____

Town / Province / Postal _____

Contact Email Address _____

Contact Phone Number _____

Please mail a copy of this form + cheque to:

BAFIA

P.O. BOX 872

Bancroft, Ontario KOL-1C0

Receipt will be issued upon Receipt of Payment.

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