

DONATION FORM
TO THE MONTREAL SHRINE HOSPITAL
I.S.C.A. SNEAKER FUND

(INTERNATIONAL SHRINE CLOWN ASSOCIATION)

SHRINE CENTRE _____ DATE _____

SHRINE CLUB _____

CLOWN UNIT _____ AMOUNT _____

NAME: _____ I.D. NUMBER: _____

TITLE: _____

ADDRESS: _____

PLEASE SEND TAX RECEIPT TO:

SEND CERTIFICATE TO:

NAME _____

ADDRESS _____

In Memory of..... (complete if necessary)

**SEND COPIES TO: SHRINE CENTRE (ORIGINAL) : SHRINE CLUB & UNIT RECORDS
AND TO**

NOBLE DON HAMILTON
(Canadian Sneaker Chairman)
636 FERNHILL ROAD, VICTORIA, B.C. V9A 4Y9

LEAVE THIS SPACE TO AFFIX CHEQUE FOR PHOTOGRAPHING
CHEQUES MADE OUT TO ISCA SNEAKER FUND C/O MONTREAL SHRINE HOSPITAL