

Patrick 4 LIFE 0 AIDS

_____ We are pleased to support Patrick4Life with a cash donation of \$ _____

_____ Enclosed is a cheque

_____ wish to donate by VISA-Card Number _____ Expiry date ____ / ____

Name: _____

Address: _____

City: _____ Postal Code: _____ Tel: _____

E-mail address: _____

Please make cheques payable to: The North Bay and Area Community
Foundation-Patrick4Life Fund. A tax receipt for donations for over \$20 will be issued.
(Charitable number 83911 3941 RR001)

Thank you!