



**Donor Contact Information**

Name: \_\_\_\_\_ Business (if any): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please make all cheques payable to the Municipality of Wawa.  
All donations of \$50.00 or more will receive an income tax receipt.  
This donation form **must** be submitted in order to receive your tax receipt.  
Forms can be submitted by mail, in person or by email to [ar@wawa.cc](mailto:ar@wawa.cc).

**Donation Details**

I/We/Business Name \_\_\_\_\_

donate \$ \_\_\_\_\_ by  e-transfer  cheque  cash (please  $\checkmark$  one)

**E-Transfer to:**  
[ar@wawa.cc](mailto:ar@wawa.cc)  
Contact Tiffany Parent at  
705-856-2244 ex 225

**Mail Cheque to:**  
Municipality of Wawa  
PO Box 500  
Wawa, ON P0S 1K0

**Bring in Person to:**  
40 Broadway Avenue  
between 8:30– 4:30 p.m.  
Monday through Friday

**Acknowledgement**

By checking this box I, \_\_\_\_\_, give my consent to use the following name(s) in any acknowledgements or media releases that may be made relating to the contribution:

\_\_\_\_\_

I wish for my donation to remain anonymous.

THANK YOU FOR YOUR SUPPORT!

