

# DONATION REPLY FORM

Please complete this form and return it, with your cheque  
to Quilchena with your oldest child

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Yes! We/I want to help make a difference at Quilchena this year!

Enclosed is my/our contribution in the amount of \$\_\_\_\_\_

Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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On behalf of my/our children:

Name: \_\_\_\_\_ Div: \_\_\_\_\_

Name: \_\_\_\_\_ Div: \_\_\_\_\_

Name: \_\_\_\_\_ Div: \_\_\_\_\_

Name: \_\_\_\_\_ Div: \_\_\_\_\_

THANK YOU!!