



Please accept my donation to the Bob Rumball Foundation for the Deaf:

**Type of Donation:**

- In Memory of (name) \_\_\_\_\_
- In Honour of (name) \_\_\_\_\_
- In response to a letter I received from you
- General Donation

**Please direct my donation to:**

(please check off only one)

- Wherever the need is greatest
- Bob Rumball Associations for the Deaf (Milton)
- Bob Rumball Centre for the Deaf (Toronto)
- Bob Rumball Camp for the Deaf (Parry Sound)
- Bob Rumball Home for the Deaf (Barrie)

**Please send a receipt to:**

Name (may be other than the person paying): \_\_\_\_\_

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

City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (H) \_\_\_\_\_

(B) \_\_\_\_\_

e-mail: \_\_\_\_\_

**Payment:**

**Donation Amount: \$** \_\_\_\_\_

- Visa**       **MasterCard**       **American Express**       **Cheque**

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please make cheque payable to: Bob Rumball Foundation***

If in Memoriam or in Honour, please indicate the person to notify of this gift:

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

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

City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Contact person regarding this donation** (if other than person receiving the receipt):

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

Telephone Number: (H) \_\_\_\_\_

(B) \_\_\_\_\_

E-mail: \_\_\_\_\_