



## Donation Form

I will contribute \$ \_\_\_\_\_ to the Orillia Kiwanis Music Festival Fund to help encourage and support opportunities for music students in our Community.

Please acknowledge my contribution in the Festival Programme as follows:

---

***Donor contact information for receipt purposes***

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

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

City/Province: \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

Telephone/Mobile #: \_\_\_\_\_

***Please make cheques payable to:  
Orillia Kiwanis Music Festival***

***320 Coldwater Road, Orillia, ON L3V 6X5***

***Tax receipts will be issued for all donations over \$ 20.00***

---

OFFICE USE ONLY

Donation \$ \_\_\_\_\_

Date Received

Receipt Issued