



\$195 will deliver a wheelchair to someone in need of Hope, Mobility, Freedom and Independence.

Enclosed is my tax-deductible donation of		o <b>\$195</b>	o <b>\$390</b>	○ Other
Council Donor Name				Ontario – Puerto Rico 2018
Mailing Address				
City	Province /State	P	ostal Code/z	/ip
Telephone	* Email			
For a donation of \$195, you will n				•
Certificate will Read: Canad	ian Wheelchair Fo	undation wis	hes to thank	
$\square$ <b>Donor</b> (as noted above) / or $\square$	other:			
For the Gift made:	in the Name of:	☐ in Me	emory of:	$\square$ in Honour of:
Gift Recipient Name(s):				_
☐ Please mail to me at the abo	ve address / or $\Box$	Please mail o	lirectly to G	ft Recipient at the following:
Address				
City	Province /State	F	ostal Code/	Zip
	ountain bike tire whee	elchairs to:		
☐ Cheque enclosed / or ☐ Name as it appears on card	Credit Card: OVis	a o Maste	Card ○ Ar	merican Express
Card Number			E>	piry Date
Signature				
PLEASE MAKE CHEQUES PAYABLE TO:		<b>Wheelchai</b> 038, RPO Wh		on

Charitable Registration No. 88861 5606 RR0001

Fax to (604) 536-9831 / call Toll Free (866) 666-2411 / **e-mail**: <u>info@cdnwheelchair.ca</u>
For more information, to watch videos of wheelchair distributions around the world or to donate online,

PLEASE VISIT US AT www.cdnwheelchair.ca