



\$195 will deliver a wheelchair to sor	neone in need of Hop	oe, Mobility, Fr	eedom and Ind	ependence.
Enclosed is my tax-deductible	donation of	○ \$195	• \$390 •	Other
Council	State. Ontario – Puerto Rico 2024			
Donor Name				
Mailing Address				
City	Province /State	P	ostal Code/Zip)
Telephone	* Email			
For a donation of \$195, you will re				
Certificate will Read: Canadi	an Wheelchair Fo	undation wis	hes to thank	
\Box Donor (as noted above) / or \Box of	her:			
For the Gift made: $\hfill \square$	in the Name of:	🗌 in Me	mory of:	☐ in Honour of:
Gift Recipient Name(s):				
\Box Please mail to me at the abov	e address / or \Box Pl	lease mail dir	ectly to Gift R	ecipient at the following:
Address				
City	Province /State	F	Postal Code/Zip	0
WHOLE CONTAINER OPTIONS: (0 \$54,600 = 280 standard / 260 mo \$21,450 = 110 standard / 100 mo	untain bike tire whee	Ichairs to:		
Cheque enclosed / or Cr Name as it appears on card _	edit Card: • Visa			rican Express
Card Number		Expiry Date		
Signature				
PLEASE MAKE CHEQUES PAYABLE TO:	P.O. Box 750 Surrey, BC CANADA V4A 0B1	Wheelchai 138, RPO Wh stration No. 8886		1
For more information, to wa	831 / call Toll Free (86 atch videos of wheelc L EASE VISIT US AT	hair distributio	ons around the v	vorld or to donate online,

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