



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

Enclosed is my tax-deduct	ible donation of	o <b>\$195</b>	○ \$390	Other
Council			State.	Ontario – Mexico 2025/2026
Donor Name				
Mailing Address				
City	Province /State		Postal Code/Zi	p
Telephone	* Email			
				photo of a wheelchair recipient.  to receive a Certificate with photo
Certificate will Read: Ca	nadian Wheelchair Fou	ındation wi	shes to thank	
$\square$ <b>Donor</b> (as noted above) / or	$\square$ other:			
For the Gift made:	$\square$ in the Name of:	☐ in M	emory of:	$\square$ in Honour of:
Gift Recipient Name(s): _				
$\square$ Please mail to me at the a	above address / or $\Box$ Pl	ease mail d	irectly to Gift	Recipient at the following:
Address				
City	Province /State Postal Code/Zip			
	0 mountain bike tire wheel	chairs to: _		
☐ Cheque enclosed / or ☐  Name as it appears on card	☐ Credit Card: ○ Visa			erican Express
Card Number			Ex <sub>l</sub>	piry Date
Signature				
PLEASE MAKE CHEQUES PAYABLE T	P.O. Box 750 Surrey, BC CANADA V4A 0B1	38, RPO W	iir Foundatio hite Rock	n

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

PLEASE VISIT US AT www.cdnwheelchair.ca