

L A C O M B E

Athletic Park

www.lacombeathleticpark.ca

DONATION FORM

Name of Contributor _____

Address _____

City _____ Postal Code _____

Phone Number _____ Email _____

CONTRIBUTION AMOUNT \$ _____

Payments for donations can be made by returning this form with a **CHEQUE** or **CREDIT CARD** Information and a signature to:

Canada Post Mail:

LAPA
5644 – 56 Avenue
Lacombe, AB
T4L 1N6

Email:

Scanned Document
lacombeathleticpark@gmail.com

RECEIPT TYPE REQUIRED: Charitable Donation _____ Business Receipt _____

*** Make Cheques payable to **Red Deer & District Community Foundation**, and add on the memo line **ECHO Flow Through Fund -LAPA** if a charitable donation receipt is required.

*** Make Cheques payable to **Lacombe Athletic Park Association** if a business receipt is required

PAID by: Cheque _____ Master Card _____ VISA _____

Master Card/VISA # _____

Expiry Date: Month _____ Year _____ CVI Code # _____

Name on Card _____ Signature _____

For more details or information contact: lacombeathelicpark@gmail.com