

DONOR WALL FORM

THE DONOR WALL



In grateful recognition of the people and the businesses who have joined the Crystal Gala Foundation in the fight against breast cancer, we acknowledge contributions of **\$1,000** and more with a permanent plaque located on the second floor of the Crystal Gala Breast Health Centre located at the Abbotsford Regional Hospital and Cancer Centre.

For **\$1,000**, your or your company name will be recognized with a permanent plaque. Our Donor Wall is updated once per year at the start of each year.

DONOR INFORMATION

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

TYPE OF DONATION: Personal On behalf of an organization

NAME TO GO ON PLAQUE: _____

OR IN MEMORY OF: _____

DONATION AMOUNT: _____

(sponsorship \$1000 or more)

PAYMENT METHOD: Cheque Credit Card

Would you like a tax receipt? Yes No

If yes, in what name: _____