

Gift to Family & Friends Community Foundation
Mail to Box 800 Langenburg, SK S0A 2A0

Please accept the enclosed donation and invest it in perpetuity (minimum 10 years) with the interest generated to be used for charitable causes. Please allocate my donation to one or more funds as indicated:

- | | |
|--|---|
| <input type="checkbox"/> Undesignated Fund for General Charitable Purposes | |
| <input type="checkbox"/> Churchbridge Community | |
| <input type="checkbox"/> Langenburg Community | |
| <input type="checkbox"/> Spy Hill Community | |
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| <input type="checkbox"/> Beresina Cemetery | <input type="checkbox"/> Spy Hill Cemetery |
| <input type="checkbox"/> St. Paul Marchwell Cemetery | <input type="checkbox"/> Bethel Cemetery |
| <input type="checkbox"/> Ingleside Cemetery | <input type="checkbox"/> Thingvalla Cemetery |
| <input type="checkbox"/> Landshutt Cemetery | <input type="checkbox"/> St Paul's Langenburg Cemetery |
| <input type="checkbox"/> St Joseph's Cemetery | <input type="checkbox"/> Churchbridge Cemetery |
| <input type="checkbox"/> Christ Lutheran Cemetery | <input type="checkbox"/> Hoffenthal Cemetery |
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| <input type="checkbox"/> Bernice Popick Memorial Fund | <input type="checkbox"/> Kelly Reitenbach Memorial Fund |
| <input type="checkbox"/> Wayne Mund Memorial Fund | <input type="checkbox"/> Breast Cancer Awareness & Education Fund |
| <input type="checkbox"/> Health Fund | <input type="checkbox"/> Little Red Car Fund for Children |
| <input type="checkbox"/> Friends of the Langenburg Schools | <input type="checkbox"/> Arts Fund |
| <input type="checkbox"/> George Layh Theatre Fund | <input type="checkbox"/> Churchbridge Grad Legacy Fund |
| <input type="checkbox"/> Walter & Vera Fieseler Fund | <input type="checkbox"/> Trent Fieseler Memorial Fund |
| <input type="checkbox"/> Langenburg Daycare | <input type="checkbox"/> Royal Canadian Legion #250 |
| <input type="checkbox"/> Langenburg Health & Palliative | <input type="checkbox"/> Welke Family Fund |
| <input type="checkbox"/> Friends of Langenburg School- Scholarship Fund | |
| <input type="checkbox"/> Brookelyn Day Fund | |

OR

Please allocated the enclosed donation to the following flow through account:

- | | |
|---|--|
| <input type="checkbox"/> Palliative Care Flow Through | <input type="checkbox"/> Partners in Health Flow Through |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Brookelyn Day Fund |
| | <input type="checkbox"/> Churchbridge Manor Fund |

Amount of Donation: \$ _____

In Memory of: _____

Name & Address of Donor:

Email Address _____

Dated _____, 20____

Note: only those donations equal to or greater than \$20.00 will be issued receipts.

www.familyandfriendsfoundation.com