



Cataraqi
Trail

c/o CRCA ♦ P.O. Box 160 Glenburnie ON K0H 1S0

YOUR CONTINUING SUPPORT IS GREATLY APPRECIATED

I would like to continue as a Cataraqi Trail Member. Enclosed is my tax-deductible \$25 membership fee.

I would like to make a charitable donation to the Cataraqi Trail. Enclosed is my contribution for :

\$25 \$50 \$100 \$200 Other _____

Total contribution (membership and/or donation) \$ _____

Name (please print) _____

Mailing Address _____

Town/City _____ Postal Code _____

Phone No. _____ Email _____

Payment Options:

Cash (*Please do not send cash by mail.*)

Cheque (*Please make cheque payable to Cataraqi Region Conservation Authority.*)

Credit Card

Visa Mastercard Expiry Date _____

Card Number _____

Signature _____ Date _____

Please keep my donation anonymous.

Registered charitable number 106879158RR0001

An official tax receipt will be issued by the Cataraqi Region Conservation Authority.

Office Use Only: Cataraqi Trail Account # _____