

Please make cheque payable to:  
*County of Brant - Twin Pad Complex*

Cheque Enclosed     VISA     MASTERCARD

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Please complete card and enclose with payment in envelope.



Twin Pad Complex

*In Memory Of*

---

*A donation has been made to the  
County of Brant - Twin Pad Complex*

*With Sincere Sympathy from*

---

---

---

*In Memory Of*

---

Donor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Enclosed is my donation of \$ \_\_\_\_\_

