

How I would like my donation recognized:

Name or Business Name: _____ Contact Name (if Business): _____
Address: _____ Town: _____
Province: _____ Postal Code: _____ Phone: _____
Email: _____ Website: _____

Amount Donated*: _____ **Tax Receipts will be issued for all amounts*

*Payment may be made by cheque or money order, payable to:
Municipality of Kincardine*

*Mail or drop payment off to: Municipality of Kincardine
1475 Concession 5, R.R.#5 Kincardine, ON. N2Z 2X6
Re: KIPP Trail*