

How I would like my donation recognized:

Name or Business Name: _____

Contact Name (if Business): _____

Address: _____

Town: _____ **Province:** _____

Postal Code: _____ **Phone:** _____

Email: _____ **Website:** _____

*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*

Funding Levels (Please Indicate Below):

_____ **Trail Steward - \$100**

_____ **Trail Enthusiast - \$500**

_____ **Trail Blazer - \$1,000**

_____ **Trail Head Sponsor - \$2,000**

_____ **Master Trail Sponsor - \$10,000**

_____ **Corporate Sponsor - \$20,000**

_____ **Other Amount \$ _____**

_____ **Multi-Year Pledge**

Indicate Amount: \$ _____

Indicate # of Years: _____

Tax Receipts will be issued for all amounts