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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

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