

WORKERS HISTORY MUSEUM

Donation Form

NAME: please print clearly			
ADDRESS:			
City/ Province:			
Postal Code:			
TELEPHONE NUMBER: (Home)		(Work)	
E-MAIL ADDRESS: please print	clearly		
ORGANIZATION/POSITION:	:		
AMOUNT OF DONATION			
Charitable Registration Number 84146	5115RR0001		
How would you like to pay?	Cash	Cheque	
How would you like to be conta	cted?		
By mail	By e-mail	Don't contact me	
Signature:		Date:	
	is held strictly	for Workers History Museum mo	

Mail to: Workers History Museum, P.O. Box 4461, Station E, Ottawa, ON, K1S 5B4