



Fairview R.C.M.P. Detachment
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GENERAL DONATION FORM

Charitable Tax Number: 137655106RR0001

I/We are pleased to support Fairview & District Victim Services with a gift of \$ _____.

Mail tax receipt to:

Name: _____
Last First Middle

Address: _____
Street City Province Postal Code

Home Phone: _____ Work Phone: _____

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Do you wish to remain anonymous? Yes: ____ No: ____

Please make cheques payable to Fairview Victims Assistance Association

THANK YOU for supporting Fairview Victim Services and the communities we serve.

If you require any addition al information, Victim Services welcomes the opportunity to speak to you and/or your organization

Assisting Victims of Crime & Trauma