



Donation Form

Name: _____

Address: _____

Phone: _____ Contact Email: _____

Paid By: <input type="checkbox"/> Cheque	Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Please make cheque payable to :	Credit Card #: _____
Willistead Manor Inc.	Expiry Date: _____ / _____
P.O. Box 1607	Name on Card: _____
Windsor, ON N9A 6S1	Signature: _____

For every donation of \$50, receive 2 passes to the 2004 Willistead Manor Christmas Tour. \$75 donors receive 4 passes. Donors of \$100 or more receive 6 passes.