



LAKEHEAD REGION
CONSERVATION AUTHORITY



The
Living Classroom
Fund

PLEASE PRINT CLEARLY.

Your Name: _____ Phone #: _____

Name to appear on Charitable Receipt: _____

Donation From: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

In Memory of: _____

Send Donation Notification Card to:

Same as above.

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

DONATION AMOUNT: \$ _____

Payment Method:

VISA (sorry, MasterCard is NOT accepted)

Card #: _____ Expiry: _____

Cardholder Name: _____

Cardholder Signature: _____

Cheque made payable to: "*Lakehead Region Conservation Authority*"

Cash (do not mail cash; Debit/Interac NOT accepted)

Charitable Receipt #: _____ (OFFICE USE ONLY)

Mail or drop off form to: 130 Conservation Road, Box 10427
Thunder Bay ON P7B 6T8

Or phone us at: (807) 344-5857

www.lakeheadca.com