



Mailing address: 1045 Brown Road, Port Carling, ON P0B 1J0

(705) 646-3997

Date of Donation: _____ Donation amount: _____

Funds to be allocated to: West Muskoka Food Bank General Fund _____

Dollars for Dinners _____ Benevolence Fund _____ Administration _____

Donor Information

First Name: _____ Last Name: _____

OR Company Name: _____

Mailing Address: _____

Contact Phone Number: _____

Contact Email Address: _____

We thank you for your generous donation. Your tax receipt will be mailed to the address provided.