MATCH IT & DRIVE MRI





Butler WESTLAND Auto Sales Ltd.

THE FORMER



☐ In Person ☐ Mail ☐ Phone	Date:		Location:	
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Business/C	rganization			
Name:				
Address:				
City:	Province:		Postal Code:	
Phone:		Gift Amount:		
☐ Cash ☐ CHQ ☐ Credit Card	Credit Card Type:	☐ American Expres	ss □ MasterCard □] Visa
Card No.:			Expiry Date:	
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Relationship: Wish to drop off or mail in your donation? The Pembroke 705 Mackay Street, Pembroke, ON, K8A 1G8 or email fou	ndation@pemreghos.org toda	y!		u, Monday through Friday at
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