



Tree of Remembrance

Veteran's Name: _____

Veteran's Rank: _____

In Memory of

In Tribute to

Sponsor
Honouring Our
Local Veteran
Recipient

Military Branch

Army Air Force Navy Merchant Marine

Other: _____

Number of Bulbs @ \$25 ea: _____ Total Payable

Additional Donation \$ _____ \$ _____

Contact Details

Contact Name: _____

Email: _____

Address: _____

City/Town _____ Postal Code _____

Payment Details

Payment method: Cheque Cash Credit/Debit Card

Visa, MasterCard and Debit-Visa Card accepted

Please make cheques payable to: Billy Bishop Museum

Credit card number: _____ Exp: _____ Ccv: _____

Name on card: _____

Signature _____

Typing your name serves as an electronic signature

Tax Receipt is required

Thank you for your support.

