Tree of Remembrance

Billy Bishop Museum

YOUR CONTACT INFORMATION

First Name _____ Last Name _____

Address _____

Town/City _____ Postal Code _____

Phone _____ Email _____

VETERAN INFORMATION

First Name _____ Last Name _____

Rank _____

MILITARY BRANCH

☐ Army ☐ Navy ☐ Other: _____

☐ Air Force ☐ Merchant Marine

REMEMBRANCE BULB

Number of Bulbs _____ @ $25.00 Additional Donation $_____ Total $_____

☐ In Memory ☐ Sponsor a Honouring Our Local Veteran Recipient
Visit our website **billybishopmuseum.org/veterans**

☐ In Tribute

Payment method: ____Cheque ____Cash ____Visa ____MasterCard ____Debit

Mail in for Credit Card:

Credit card number: _____ **Exp:** ___/___ **CCV:** _____

Name on card: _____

Signature: _____
Typing your name serves as an electronic signature

☐ Tax Receipt Required

For Office Use

Cheq # Tax Rec #

If this is your first year making a donation for this veteran, do you have a photo and complete service for our hard copy book?

☐ Yes ☐ No