



**DONATION AND
MEMBERSHIP APPLICATION
FORM**

777 Memorial Avenue
Orillia ON L3V 7V3
(705) 330-4178

support@oppmuseumfriends.ca
www.oppmuseumfriends.ca

NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE #1	PHONE #2	
EMAIL ADDRESS		
IF AN ORGANIZATION, PLEASE PROVIDE CONTACT INFORMATION FOR A REPRESENTATIVE		

YES ! I WOULD LIKE TO MAKE A DONATION TO SUPPORT THE WORK OF 'FRIENDS'

SUPPORTER LEVELS

- ✓ FRIEND (\$25-\$99)
- ✓ GUARDIAN (\$500-\$2499)
- ✓ COMMISSIONER'S CIRCLE (OVER \$5000)
- ✓ STEWARD (\$100-\$499)
- ✓ LEADER (\$2500-\$4999)

MY DONATION (tax receipt issued for this amount) Registered Charitable Organization # 81381 0819 RR001	\$
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I WOULD LIKE TO BE A VOTING MEMBER (Membership is for one calendar year)

<input type="checkbox"/>	I AM CURRENTLY A MEMBER AND WISH TO RENEW FOR THE UPCOMING YEAR
<input type="checkbox"/>	I WOULD LIKE TO BECOME A MEMBER. BELOW ARE THE NAMES OF TWO PERSONS WHO ARE CURRENTLY 'FRIENDS' MEMBERS WHO WILL SPONSOR ME (REQUIRED). Please contact the Friends office if you need assistance.
	SPONSOR #1
	SPONSOR #2

Friends of *The OPP Museum* is a non-profit charitable organization that supports and promotes *The OPP Museum*. It reserves the right to withhold membership from any person if it determines that the person has or is likely to act in a manner that may be detrimental to the affairs, image or reputation of the Friends or of the Ontario Provincial Police.

MEMBERSHIP FEE: \$25.00
(No tax receipt is issued for this fee)

TOTAL INCLUDING MEMBERSHIP FEE	\$
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PRIVACY WAIVER

Friends of *The OPP Museum* may publish, post or otherwise disclose my name as a member and/or supporter in its publications and/or website along with the name of any person I associate with my donation.

I Agree

I Do Not Agree

(Please be aware that in giving your permission you are also doing so for any other person you name in association with your donation.)



IMPORTANT



I VERIFY THE ABOVE INFORMATION

SIGNATURE	DATE
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THANK YOU FOR YOUR GENEROUS SUPPORT !
Please see the important donation and payment information on the next page

The information provided is collected by Friends of The OPP Museum in order to deliver its mandate as a registered charitable corporation to support and promote The OPP Museum and the history of the OPP. Except as may be required by law, it will not be disclosed without expressed written permission, and will be retained in accordance with our policy. Friends does not sell or otherwise provide member or supporter personal information to any other organization.

I WOULD LIKE TO MAKE THIS DONATION <input type="checkbox"/> IN HONOUR OF <input type="checkbox"/> IN MEMORY OF	
NAME	
A NOTE ACKNOWLEDGING THIS DONATION SHOULD BE SENT TO:	
NAME	
ADDRESS	
	POSTAL CODE
EMAIL	

Payment Information

- Cash (accepted in person only – do not mail cash)
- Cheque/Money Order (payable to Friends of The OPP Museum)
- Payment has been made online at www.oppmuseumfriends.ca
- Visa/MasterCard

Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature of Cardholder: _____ Date: _____

COMMUNICATION PREFERENCE

Please send Friends of *The OPP Museum* correspondence, notices, publications, etc.:

- By email to: _____
- By regular mail to the address shown on the reverse
- By OPP internal mail to (Detachment/Bureau): _____
- Please do not send any communications
- Additional Notes: _____

OFFICE USE ONLY		
Database Updated <input type="checkbox"/> Donation Entered _____ <input type="checkbox"/> Tax Receipt Issued _____ <input type="checkbox"/> Membership Processed _____	Payment Record <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Auth # _____ <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Online _____	
Payment Processed By:		Date:
Membership Approved By:	For Year:	Date:
Entered in Member/Supporter Database By:		Date:

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