

ICOMOS Canada Martin Weaver Memorial Fund

Financial Contribution Form

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ PostalCode: _____

Home #: (____) _____ Email: _____

Cash Cheque Visa MasterCard

Card #: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Amount: \$ _____ Signature: _____

Please make cheques payable to:

ICOMOS Canada - Martin Weaver Memorial Fund

For office use only:

Receipt issued Entered in Master Contact Book Internal Deposit Record Completed