

Return this form with your Monetary Donation to:

Wikwemikong Board of Education
Post-Secondary Student Support Services
34 Henry Street, Wikwemikong ON P0P 2J0

“Wikwemikong Graduation Committee”

Yes! I (we) would like to support the Memorial Awards

Please PRINT Clearly

Name/Organization: _____

Address: _____

City/Town: _____ Ontario, Postal Code _____ - _____

Telephone: () _____ - _____ Email: _____

Cash Check Money Order Enclosed Amount

Please make this memorial award to:

Student Name: _____

In Memory/honor of: _____

Presenter: _____

Yes! I (we) would like to support the Graduation & Awards Ceremony

Please PRINT Clearly

Donor Name: _____

Address: _____

City/Town: _____ Ontario, Postal Code _____ - _____

Telephone: () _____ - _____ Email: _____

Cash Check Money Order Enclosed Amount

I would like my donation to be used (***please check one***)

Community Services (Early Childhood Education, Child & Youth Worker, Social Service Worker, Police Foundations, Community Justice Services)

Business (Accounting, Business Administration, Culinary Management, Office Administration)

Health (Dental Care, Practical Nursing, Paramedic, Physical Fitness, Personal Support Worker, Nursing)

Technology (Engineering, Graphic Design Production, Computer Systems Technology, Biotechnology)

Other _____

Graduate

Continuing Student

New Student

Thank you for your Donation from the Post-Secondary Student Support Services!