

DONATION FORM

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact No: _____ Email: _____

In Memory of _____

Any comments for the TTNO or practitioner _____

We would like to be able to let the next of kin know that we have received a donation in memory of their loved one. Please provide us with the name, address, and their relationship to the deceased.

Name: _____ Relationship: _____

Address: _____

_____ Email: _____

General Donation **Therapeutic Touch Awareness Week** **Dee & Dora Fund**

Scholarship Fund **Other** (please specify) _____

Donation Amount: _____

Method of Payment: e-Transfer (memberships@ttno.ca)

Cheque/Money Order (payable to TTNO) PayPal (on-line only) Mastercard/Visa

If you have any questions, please contact the TTNO office at 416-649-5885 or memberships@ttno.ca

The Therapeutic Touch Network of Ontario (TTNO) is grateful for your gift. These monies will be invaluable to the important work of the TTNO and its members to increase the professional profile of Therapeutic Touch®, keep our website current and informative for both the public and our members, and provide educational opportunities for our members to continue their growth as TT practitioners. Your name will appear under donations in the next issue of *inTouch* unless you specify otherwise.

I would like my donation to remain anonymous.