

BRANTFORD SCOTTISH RITE ASSOCIATION

Mailing address "117 Charing Cross Street (rear), Brantford, Ontario N3R 2H8"
(CELL PHONE - 519-754-1877) – (Registered Charity)

TYPE OF EQUIPMENT: _____

B.S.R.A. NUMBER: _____

DATE OUT: ____ / ____ / ____ (dd/mm/yy) **DUE DATE:** ____ / ____ / ____ (dd/mm/yy)

USER INFORMATION

GIVEN NAMES: _____ **SURNAME:** _____

ADDRESS: _____ **SUITE:** _____

MUNICIPALITY: _____, ONTARIO **POSTAL CODE:** _____

PHONE: _____ **ONTARIO HEALTH CARD #:** _____

DRIVER'S LICENCE #: _____

CONTACT PERSON INFORMATION

GIVEN NAMES: _____ **SURNAME:** _____

ADDRESS: _____ **SUITE:** _____

MUNICIPALITY: _____, ONTARIO **POSTAL CODE:** _____

PHONE: _____ **ONTARIO HEALTH CARD #:** _____

DRIVER'S LICENCE #: _____ **RELATIONSHIP TO USER:** _____

CHARITABLE DONATIONS

Brantford Scottish Rite Association is pleased to provide the short-term or temporary aid and assistance of its medical equipment to the residents of Brant Masonic District as part of its community service.

Brantford Scottish Rite Association is a **registered charity** and welcomes donations to help maintain and replace our equipment. A receipt for tax purposes will be given to all donors. Please detach below and return to:

BRANTFORD SCOTTISH RITE ASSOCIATION

117 Charing Cross Street (rear), Brantford, Ontario N3R 2H8 - Attention: Secretary

I wish to make a charitable donation of \$ _____ to the Brantford Scottish Rite Association to assist in their program of providing medical equipment at no cost to the residents of Brant Masonic District (except for the one-time fee for delivery, set-up and pick-up of hospital beds). My cheque payable to Brantford Scottish Rite Association is enclosed.

Name of Donor: _____

Address: _____

In Memory of (if applicable): _____

