



Bee Meadow Farm Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone #: _____

Donation Amount: _____ Cheque/Money Order Enclosed: _____

Please charge my VISA or MasterCard card #: _____

Expiry Date: _____ Signature: _____

CCV (3 numbers on back of card): _____

Optional: This gift is being made in memory of: _____

This gift is being made in honour of: _____

Please send an acknowledgment of my gift to:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Message to include with card: _____

Bee Meadow Farm 19558 County Road 25, RRI, Apple Hill, ON K0C 1B0

613-363-3593 info@beemeadowfarm.com

Please make cheques payable to "Bee Meadow Farm"