

Donau Schwaben Commemorative Garden

Donauschwäbischer Gedenkgarten

Donation Form / Spendenformular

Name of Donor: _____
(Please Print)

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone #: _____ Email: _____

Birthplace City: _____ Province: _____

Country: _____

If Donating in the Memory of Someone Else:

Name of Recipient: _____
(Please Print)

Date of Passing: _____ (DD/MM/YYYY)

Birthplace City: _____ Province: _____

Country: _____

- **Note:** This section is for our records, so filling it out is very important and strongly requested.

Type of Donation	# Requested	Cost per Unit (\$)	Total (\$)
Child (17 and under)		25	
Single Name		50	
"In Memory of" Or Family Stone		100	
Weber St. Plaque		250	
King St. Plaque		500	
Monument		1,000+	
Total Ordered		---	

Tax Receipt Required: Yes No

If "Yes": Please make cheques payable to the "**German Canadian Remembrance Society**", regarding the Donau-Schwaben Commemorative Garden (DSCG).

If "No": Please make cheques payable to the "**Donau Schwaben Commemorative Garden Fund**", regarding the Donau-Schwaben Commemorative Garden (DSCG).

