

## Sponsorship Form

Name	
Address	
Town	Postal Code
Telephone	Fax
Email	

I would like to make a donation of .....to the Toburn Project

Authorized By (print name):

Signature:

Date:

***Please Make Cheque Payable to:***

Toburn Operating Authority

***Send to:***

Toburn Operating Authority

P.O. Box 148

Swastika, Ontario

P0K 1T0

**Thank you for your support**