
Wings Membership/Donation Form

Name: _____

Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

Email: _____ Date _____

- Enclosed is my \$15.00 Individual Membership Fee
- Enclosed is my \$20.00 Family Membership Fee
- Donation in the amount of \$ _____ Total amount enclosed:

Cheque Money Order Cash

Please complete the renewal form and mail it today to:

Wings Rehabilitation Centre
5281 Middleside Road, RR 4
Amherstburg, Ontario N9V 2Y9

Note: Tax receipts will be issued for any donation of \$20.00 or more