

Pay Tribute to A Love One



The Cerebral Palsy Association

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Charitable Registration Number 10690 4204 RR0001

With my gift I want to pay tribute to Mr./Ms./Miss/Mrs. _____

On his/her passing On their wedding On another special occasion

Please send a letter acknowledging my gift to

Name _____ Address _____

City _____ Province _____ Postal Code _____

My Information

Name _____

Address _____ Phone _____

City: _____ Province _____ Postal Code _____

Please recognize my gift

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