## THE UNITED EMPIRE LOYALISTS' ASSOCIATION OF CANADA

## **BOOK OF REMEMBRANCE**

Name for whom con	tribution is enclosed			
Contribution to: Memorial Fund _		Branch/Other		
Income Tax Receipt:	No	Yes		
Signature:		Print Name:		
Address:		City:		
Prov./Country		Postal Code:	Date:	
Names are inscri proper information	on.	Remembrance with the byalist Lineage	ree lines per person. Please provide the  Date of Death	
Branch Affiliation	on Na	ame of Contributor	Address	
Specific Informa		ssociation activities, inter	rests, etc.	
Address of the f	amily or person to in	nform of your donation t	o the <b>Book of Remembrance</b> .	
Name:		Street:		
City:		Province:_		
Postal Code:		Country:	Country:	

## PLEASE RETURN COMPLETED FORM AND CHEQUE TO:

The United Empire Loyalists' Association of Canada 202-50 Baldwin St Toronto ON M5T 1L4