



Yes, I want to support Market Hall!

Friend of Market Hall ~ starting at the \$25 level of support \$_____

Companion of Market Hall ~ starting at the \$50 level of support \$_____

Compatriot of Market Hall ~ starting at the \$100 level \$_____

Or an amount of your choice ~

\$35 \$40 \$60 \$75 \$85 \$125 \$150 \$175 \$250 \$500 or \$_____

I am enclosing a cheque for the above mentioned amount

Dr. Mr. Mrs. Ms.

First Name _____ Last Name _____

Street Address _____

City, Prov _____ Postal Code _____

E-Mail _____

Phone _(_____) _____ - _____

May we publicly acknowledge your support?

YES or **NO** please do not publish my name

Send form to PO Box 282, 336 George St N, Peterborough, ON K9J 6Y8
Information collected and stored under the guidelines of Bill C-6 (PIPEDA)