Bead Donations			
ARTIST INFORMATION			
Name:			
Date of Donation:			
ISGB Member		ISGB Chapter	
Your Address:			
City:	Province:		Postal Code:
Email Address:			
Would you like to be on our mailing list? ☐ Yes ☐ No			
BEAD DONATION DETAILS			
Number of beads donated:			
If you require a Tax Receipt for your donation, please specify the value of your donated goods: \$			
ODDS & ENDS			
Is this your first bead donation?			
Would you like to learn more about Beads of Courage Bead Challenges? Yes No			
If yes, to whom should we provide information (please fill out their contact info below):			
Name:			
Address:			
City:	Province:		Postal Code:
Email:	Phone:		Fax:
PLEASE LET US KNOW IF THERE IS ANYTHING WE CAN DO TO SUPPORT YOU, OUR ARTISTS!			

~ THANK YOU FOR YOUR DONATION ~

Send Bead Donations To: Beads of Courage-Canada PO Box 71142 Silver Springs RPO Calgary, Alberta T3B 5K2