



Mount Arrowsmith Pipe Band

**I want to support the work of the Mount Arrowsmith Pipe Band!**

**My cheque is enclosed**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

***Please make cheque payable to Mount Arrowsmith Pipe Band***

Please mail your donation to:      Mount Arrowsmith Pipe Band  
P.O. Box 1671  
Parksville, BC., V9P 2H5