

## Gifts That Enable - Order Form

| ITEM                                  | COST     |   | QUANTITY | = | TOTAL    |
|---------------------------------------|----------|---|----------|---|----------|
| Crutches                              | \$20.00  | X |          | = | \$       |
| Braces                                | \$130.00 | X |          | = | \$       |
| Rehabilitation — 3 months of therapy  | \$100.00 | X |          | = | \$       |
| Hand-powered Tricycle                 | \$140.00 | X |          | = | \$       |
| Corrective Surgery                    | \$800.00 | X |          | = | \$       |
| Income Generation                     | \$100.00 | X |          | = | \$       |
| Wheelchair                            | \$200.00 | X |          | = | \$       |
| Water Bed for Spinal Injury           | \$60.00  | X |          | = | \$       |
| Disability Worker Wages      1 month  | \$200.00 | X |          | = | \$       |
| Artificial Limb                       | \$130.00 | X |          | = | \$       |
| Medical Referral                      | \$40.00  | X |          | = | \$       |
| Tailoring Program — 6 months course   | \$100.00 | X |          | = | \$       |
| Horticulture Training — 1 year course | \$600.00 | X |          | = | \$       |
| <b>TOTAL</b>                          |          |   |          |   | \$ _____ |

If this donation is to be made in the **name of a friend** please provide the following information and a “**gift certificate**”, if requested, will be sent to the person named

**FRIEND'S NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_  
**CITY & PROV.** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**Certificate  
Requested**

|     |  |
|-----|--|
| YES |  |
| NO  |  |

**If you prefer, you may make a general (non-allocated) donation**

**\$** \_\_\_\_\_

**YOUR NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY & Prov** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_  
  
**Email Address** \_\_\_\_\_

**100%** of your donation goes to help a person with disability  
**0%** goes to administration

Please make your cheque payable to **S.O.D.A.** A charitable tax receipt will be mailed to you

mail to **S.O.D.A. PO Box 27 Summit Lake, BC V0J 2S0**

**Want to pay by credit card or PayPal? Visit our website [www.samuha.ca](http://www.samuha.ca) where you will find an online version of the brochure and order form**