

## Gifts That Enable - Order Form

ITEM	COST	X	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>					<b>\$ _____</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**