

	Bead D	onations		
	ARTIST IN	FORMATION		
Name:				
Date of Donation:				
ISGB Member ☐ Yes ☐ No		ISGB Chapter		
Your Address:				
City:	Province:		Postal Code:	
Email Address:				
Would you like to be on our mailing list?	'es 🗌 No			
	BEAD DONAT	TION DETAILS		
Number of beads donated:				
Value of Donated Goods: \$				
Is this your first bead donation?				
PLEASE LET US KNOW IF THERE IS ANYTHE	HING WE CAN D	OO TO SUPPORT YO	OU, OUR ARTISTS!	

~ THANK YOU FOR YOUR DONATION ~

Send Donations to: Beads of Courage-Canada C/O Rae Parry 3535-35th Avenue SW Calgary, Alberta T3E 1A2