



**Tear off and mail to: S.P.O.H.T., Box 53120, 10 Royal Orchard Blvd.,
Thornhill, Ont. L3T 7R9**

Name _____

Address _____

Postal Code _____

Phone # _____ E-Mail _____

If a Corporation, please print full name and contact person, with title

ANNUAL FEES: Corporate: \$40 Family: \$20 Individual: \$15

Make cheque payable to: S.P.O.H.T Payment Enclosed: \$ _____

I would like to volunteer (state particular interest) _____

Please call me to discuss. Tax Receipts for fees and donations issued in February