

**Participant Name:** \_\_\_\_\_

<b>Donor Information</b>			<b>Method of Pay</b>	<input type="checkbox"/>	<b>Receipt Request</b>	<input checked="" type="checkbox"/>
(Mr/Mrs/Miss) Name (First & Last)	Amount		Cash			
Address	Suite/Apt. #		Cheque			
City	Province	Postal Code	Visa			
Telephone			M/C			
Credit Card #	Expiry	Signature	AmEx.			
(Mr/Mrs/Miss) Name: (First & Last)	Amount		Cash			
Address	Suite/Apt. #		Cheque			
City	Province	Postal Code	Visa			
Telephone			M/C			
Credit Card	Expiry	Signature	AmEx.			
(Mr/Mrs/Miss) Name (First & Last)	Amount		Cash			
Address	Suite/Apt. #		Cheque			
City	Province	Postal Code	Visa			
Telephone			M/C			
Credit Card #	Expiry	Signature	AmEx.			
(Mr/Mrs/Miss) Name (First & Last)	Amount		Cash			
Address	Suite/Apt. #		Cheque			
City	Province	Postal Code	Visa			
Telephone			M/C			
Credit Card #	Expiry	Signature	AmEx.			
<b>TOTAL DOLLARS RAISED FROM THIS PAGE</b>			<b>TOTAL</b>			

*Thank you for your support.*

1. Receipts can only be issued from clearly provided information including full name and address.
2. Tax receipts are issued for donations of \$10.00 or more and will only be issued if requested. Exact monetary donations must be submitted for each receipt request (at minimum) to receive tax receipt.
3. Please return all pledges and forms to the person you are pledging.