

Event Donation Form

Event Name: _____ Event Date: _____

PLEASE PRINT CLEARLY

Donations of \$10 or greater will receive a tax receipt.

Tax receipts will be mailed to donors post-event.

First & Last Name	Mail Address	Postal Code	Phone Number	Donation Amount	Cash or Cheque
Example: John Smith	123 - 4 Street NW Calgary AB	T1A 2B3	403-222-3333	\$ 10	Cash
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
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