

# DONATION FORM

Please complete the information below. For extra forms, visit [dash4dad.ca](http://dash4dad.ca)

## TEAM MEMBER INFORMATION

TYPE:  CORPORATE  FRIENDS & FAMILY  SCHOOL  SURVIVORS

TEAM NAME \_\_\_\_\_

TEAM CAPTAIN'S NAME \_\_\_\_\_

## PARTICIPANT INFORMATION - ONE SHEET PER PERSON - PLEASE PRINT.

FIRST NAME	LAST NAME	EMAIL
STREET ADDRESS	CITY	PROV.
	POSTAL CODE	TELEPHONE #

## DONATION PANEL - PLEASE PRINT

								DONATION AMOUNT	
<b>1</b>	FIRST NAME			LAST NAME			AMOUNT COLLECTED	OFFICE USE	
	SUITE/APT #	STREET		CITY		PROVINCE	POSTAL CODE		
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD			TELEPHONE #				
	E-MAIL			CARD #			EXPIRY		
<b>2</b>	FIRST NAME			LAST NAME			AMOUNT COLLECTED		OFFICE USE
	SUITE/APT #	STREET		CITY		PROVINCE	POSTAL CODE		
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD			TELEPHONE #				
	E-MAIL			CARD #			EXPIRY		
<b>3</b>	FIRST NAME			LAST NAME			AMOUNT COLLECTED		OFFICE USE
	SUITE/APT #	STREET		CITY		PROVINCE	POSTAL CODE		
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD			TELEPHONE #				
	E-MAIL			CARD #			EXPIRY		
<b>4</b>	FIRST NAME			LAST NAME			AMOUNT COLLECTED		OFFICE USE
	SUITE/APT #	STREET		CITY		PROVINCE	POSTAL CODE		
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD			TELEPHONE #				
	E-MAIL			CARD #			EXPIRY		
<b>5</b>	FIRST NAME			LAST NAME			AMOUNT COLLECTED		OFFICE USE
	SUITE/APT #	STREET		CITY		PROVINCE	POSTAL CODE		
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD			TELEPHONE #				
	E-MAIL			CARD #			EXPIRY		
<b>6</b>	FIRST NAME			LAST NAME			AMOUNT COLLECTED		OFFICE USE
	SUITE/APT #	STREET		CITY		PROVINCE	POSTAL CODE		
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD			TELEPHONE #				
	E-MAIL			CARD #			EXPIRY		

<input type="checkbox"/> CHARGE ALL DONATIONS TO MY CREDIT CARD	<input type="checkbox"/> VISA	CARD #	EXPIRY
AMOUNT TO BE CHARGED \$	<input type="checkbox"/> MC	NAME ON CARD	

This form only  
**TOTAL DONATIONS \$**

**FOR OFFICE USE ONLY**  
 Cash \$ \_\_\_\_\_  
 Credit Card \$ \_\_\_\_\_  
 Cheques \$ \_\_\_\_\_  
 Grand Total \$ \_\_\_\_\_  
 Initials \_\_\_\_\_

### TAX RECEIPT INFORMATION

Receipts will automatically be issued for donations of \$20 or more. For donations of less than \$20, receipts will be issued upon request. Donor's name and address must be complete and legible to receive a tax receipt. NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency.

Please ensure cheque donations are made payable to **Dash 4 Dad**.  
 Charitable Registration # BN 89478 1475 RR0001