



Donation Tracking Form

Event Site: _____

Tax receipts will only be issued to donors with a complete and valid postal address.

Participant Info

Name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Daytime Phone: _____ Home Work

Email Address: _____

I give MS Canada permission to contact me by email.

Please list ONLY cash and cheque donations here. To make a donation by credit card, please visit our secure site at mswalks.ca or call 1-800-268-7582 • Official tax receipts will be automatically issued for donations of \$20 and over with a valid postal address. If your donor provides an email address, we will send their tax receipt by email • **We require a complete and valid postal address in order to issue a tax receipt, even if an email address has been provided.**

		Amount Pledged	Payment	Paid
1	FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR				
2	FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR				
3	FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR				
4	FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR				
5	FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR				

You can return this form with ALL your monies to:
MS CANADA- MS Walk

MS Canada
250 Dundas St. W., Suite 500
Toronto, Ontario
M5T 2Z5

OR at one of the Check-in locations - mswalks.ca

I understand that the funds I raise will be used to support the mission of Multiple Sclerosis Canada.

Multiple Sclerosis Canada is a member of Imagine Canada. As a participant or volunteer in one of our events, we ask that you adhere to Imagine Canada's ethical code as outlined by MS Canada's statement, "Ethical Practices: Partnering with Fundraisers and Volunteers" at mscanada.ca/financial-information. MS Canada collects the personal information requested on this form for the purpose of communicating to you information about MS Canada and its fundraising activities. By completing this form, you hereby consent to the collection, use and disclosure by MS Canada of your personal information in accordance with the MS Canada privacy policy. If you have any questions about your personal information, please contact our Privacy Officer at 1-800-268-7582. A copy of our privacy policy may be obtained at any MS Canada office or at mscanada.ca.

Sheet Total	
Submitted:	\$ _____

