



Donation Tracking Form

Participant Info

Event Site: _____

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

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.**

1	FIRST NAME (Please print above the line) LAST NAME EMAIL PHONE NUMBER					Amount Pledged
	APT # STREET ADDRESS CITY PROVINCE POSTAL CODE					<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 OR \$
2	FIRST NAME (Please print above the line) LAST NAME EMAIL PHONE NUMBER					<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 OR \$
	APT # STREET ADDRESS CITY PROVINCE POSTAL CODE					
3	FIRST NAME (Please print above the line) LAST NAME EMAIL PHONE NUMBER					<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 OR \$
	APT # STREET ADDRESS CITY PROVINCE POSTAL CODE					
4	FIRST NAME (Please print above the line) LAST NAME EMAIL PHONE NUMBER					<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 OR \$
	APT # STREET ADDRESS CITY PROVINCE POSTAL CODE					
5	FIRST NAME (Please print above the line) LAST NAME EMAIL PHONE NUMBER					<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 OR \$
	APT # STREET ADDRESS CITY PROVINCE POSTAL CODE					

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

Sheet Total	\$ _____
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Signature of Participant (or Parent/Guardian if under 18 years of age)

MS 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.

