



# Donation Tracking Form

# PARTICIPANT

Event Site: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  Home  Work  
 Email Address: \_\_\_\_\_  
 I give the MS Canada permission to contact me by email.

FILL IN THIS SECTION NEATLY  
 USE THE ADDRESS YOU REGISTERED WITH

## DONORS

Please list ONLY cash and cheque donations here. To make a donation by credit card, please visit our secure site at harricanaSP.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   |
|---|--|----------------|-------|--------------|-------------|--|
| 1 | FIRST NAME (Please print above the line) | LAST NAME      | EMAIL | PHONE NUMBER |             | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50  |
|   | APT #                                    | STREET ADDRESS | CITY  | PROVINCE     | POSTAL CODE | <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  |
|   | APT #                                    | STREET ADDRESS | CITY  | PROVINCE     | POSTAL CODE | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 |
|   |  |                |       |              |             | OR   |
|   |  |                |       |              |             | \$ _____   |
| 3 | FIRST NAME (Please print above the line) | LAST NAME      | EMAIL | PHONE NUMBER |             | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50  |
|   | APT #                                    | STREET ADDRESS | CITY  | PROVINCE     | POSTAL CODE | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 |
|   |  |                |       |              |             | OR   |
|   |  |                |       |              |             | \$ _____   |
| 4 | FIRST NAME (Please print above the line) | LAST NAME      | EMAIL | PHONE NUMBER |             | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50  |
|   | APT #                                    | STREET ADDRESS | CITY  | PROVINCE     | POSTAL CODE | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 |
|   |  |                |       |              |             | OR   |
|   |  |                |       |              |             | \$ _____   |
| 5 | FIRST NAME (Please print above the line) | LAST NAME      | EMAIL | PHONE NUMBER |             | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50  |
|   | APT #                                    | STREET ADDRESS | CITY  | PROVINCE     | POSTAL CODE | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 |
|   |  |                |       |              |             | OR   |
|   |  |                |       |              |             | \$ _____   |

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

|             |          |
|-------------|----------|
| Sheet Total | \$ _____ |
|-------------|----------|

Signature of Participant (or Parent/Guardian if under 18 years of age)

The 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, "The Ethical Code: Partnering with Fundraisers and Volunteers" at mssociety.ca/financial. 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 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 mssociety.ca.

