

Please bring completed donation form, all cash and cheque donations with you on event day. Do not record online donations on this form.

PARTICIPANT INFORMATION Charitable Registration Number: 108071671RR0003

Mr. Mrs. Ms. Dr. First Name: _____ Last Name: _____ Company (if applicable): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Business Address Home Address Telephone: _____ Email: _____

Team Type: Corporate Friends & Family Youth Team Name: _____

Team Captain's Name: _____ Team Location: _____

DONATION INFORMATION

• Please print clearly and complete the information below. • Make cheques payable to the Arthritis Society. Do not post-date cheques. • Tax receipts will be issued by the end of August for donations of \$20.00 or more, provided that information is complete and legible. Donations must be received by December 31 of the year of the event to receive a tax receipt for that year. • All personal information disclosed on this form will be treated as confidential. The Arthritis Society uses this information to maintain contact with donors and event participants, to inform them of our activities and give them the opportunity to support the Arthritis Society with a donation. * Yes, I would like to receive email communications from the Arthritis Society.

DONORS CONTACT INFORMATION

PAYMENT INFORMATION

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

Cheque (Payable to Arthritis Society) Cash Credit Card **Donation Amount** \$ _____

Card # _____

Expiry _____

Tax Receipt Required Yes No

Cardholder's Name _____

Cardholder's Signature _____

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

Cheque (Payable to Arthritis Society) Cash Credit Card **Donation Amount** \$ _____

Card # _____

Expiry _____

Tax Receipt Required Yes No

Cardholder's Name _____

Cardholder's Signature _____

The Arthritis Society has been accredited under Imagine Canada's Standards Program. The Standards Program Trustmark is a mark of Imagine Canada used under licence by The Arthritis Society.



DONORS CONTACT INFORMATION **PAYMENT INFORMATION**

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

Cheque (Payable to Arthritis Society) Cash Credit Card **Donation Amount** \$ _____

Card # _____

Expiry _____

Cardholder's Name _____ **X** Cardholder's Signature _____

Tax Receipt Required Yes No

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

Cheque (Payable to Arthritis Society) Cash Credit Card **Donation Amount** \$ _____

Card # _____

Expiry _____

Cardholder's Name _____ **X** Cardholder's Signature _____

Tax Receipt Required Yes No

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

Cheque (Payable to Arthritis Society) Cash Credit Card **Donation Amount** \$ _____

Card # _____

Expiry _____

Cardholder's Name _____ **X** Cardholder's Signature _____

Tax Receipt Required Yes No

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

Cheque (Payable to Arthritis Society) Cash Credit Card **Donation Amount** \$ _____

Card # _____

Expiry _____

Cardholder's Name _____ **X** Cardholder's Signature _____

Tax Receipt Required Yes No

For office use only

Coins \$ _____ Cheques \$ _____

Initials: _____ Bills \$ _____

\$ _____

For event day use only

Total online donations \$ _____

Total offline donations \$ _____

\$ _____