



DONATION FORM

Please fill out your personal information on each donation sheet you submit. Thanks!

 First Name Last Name

 E-Mail Telephone #

 Team Name

1	_____ Name _____ Street City Prov Postal Code	\$ <input type="checkbox"/> Check if receipt required
2	_____ Name _____ Street City Prov Postal Code	\$ <input type="checkbox"/> Check if receipt required
3	_____ Name _____ Street City Prov Postal Code	\$ <input type="checkbox"/> Check if receipt required
4	_____ Name _____ Street City Prov Postal Code	\$ <input type="checkbox"/> Check if receipt required

Tax receipts will be issued for donations of \$20 or more. Donors name and address must be complete and legible to receive a tax receipt. All proceeds are donated to the Special Olympics Canada Foundation. Note: it is the donor's responsibility to be in compliance with the Income Tax Act and policies of the Canada Revenue Agency