

LEAD THE WAY: VIRSA'S CITYWIDE ADVENTURE DONATION FORM

For cash and cheque donations – cheques payable to Virsa

TEAM NAME: _____ My Goal is \$ _____
First Name: _____ Last Name: _____
Home Address: _____ City: _____ Province: _____
Postal Code: _____ Phone: _____ Email Address: _____

DONATION INFORMATION – Donor's name and address MUST be complete and legible to receive a tax receipt

Mr Mrs Ms Dr First Name _____ Last Name _____ **DONATION AMOUNT**
Suite/Apt# _____ Address _____ City _____
Prov _____ Postal Code _____ Phone _____ Cash Cheque

Mr Mrs Ms Dr First Name _____ Last Name _____ **DONATION AMOUNT**
Suite/Apt# _____ Address _____ City _____
Prov _____ Postal Code _____ Phone _____ Cash Cheque

Mr Mrs Ms Dr First Name _____ Last Name _____ **DONATION AMOUNT**
Suite/Apt# _____ Address _____ City _____
Prov _____ Postal Code _____ Phone _____ Cash Cheque

Mr Mrs Ms Dr First Name _____ Last Name _____ **DONATION AMOUNT**
Suite/Apt# _____ Address _____ City _____
Prov _____ Postal Code _____ Phone _____ Cash Cheque

Mr Mrs Ms Dr First Name _____ Last Name _____ **DONATION AMOUNT**
Suite/Apt# _____ Address _____ City _____
Prov _____ Postal Code _____ Phone _____ Cash Cheque

Mr Mrs Ms Dr First Name _____ Last Name _____ **DONATION AMOUNT**
Suite/Apt# _____ Address _____ City _____
Prov _____ Postal Code _____ Phone _____ Cash Cheque

TAX RECEIPT INFORMATION

-Donations of \$25 or more will receive a tax receipt via mail
-Charitable # 880902101 RR001

SHEET TOTAL \$