

2009 Donation Form – Toronto

Online Registration Number
(if applicable)

PERSONAL INFORMATION (One form per individual. Your personal information must appear on both the registration and donation forms.)

Track your donations online! Visit fathersdayrun.ca

FIRST NAME _____ LAST NAME _____

SUITE/APT. # _____ STREET _____ CITY _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____ TELEPHONE # _____

Please make cheques payable to: Prostate Cancer Canada

TEAM MEMBER INFORMATION

TEAM TYPE: CORPORATE FRIENDS & FAMILY SCHOOL

TEAM NAME _____ TEAM CAPTAIN'S NAME _____

PLEASE PRINT

	FIRST NAME	LAST NAME	DONATION AMT
1	SUITE/APT. # _____ STREET _____	CITY _____ PROVINCE _____ POSTAL CODE _____	\$ <input type="checkbox"/> CHECK IF RECEIPT REQUIRED
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ CARD # _____ EXPIRY _____		
	E-MAIL _____ TELEPHONE # _____		
	X		
2	SUITE/APT. # _____ STREET _____	CITY _____ PROVINCE _____ POSTAL CODE _____	\$ <input type="checkbox"/> CHECK IF RECEIPT REQUIRED
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ CARD # _____ EXPIRY _____		
	E-MAIL _____ TELEPHONE # _____		
	X		
3	SUITE/APT. # _____ STREET _____	CITY _____ PROVINCE _____ POSTAL CODE _____	\$ <input type="checkbox"/> CHECK IF RECEIPT REQUIRED
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ CARD # _____ EXPIRY _____		
	E-MAIL _____ TELEPHONE # _____		
	X		
4	SUITE/APT. # _____ STREET _____	CITY _____ PROVINCE _____ POSTAL CODE _____	\$ <input type="checkbox"/> CHECK IF RECEIPT REQUIRED
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ CARD # _____ EXPIRY _____		
	E-MAIL _____ TELEPHONE # _____		
	X		
5	SUITE/APT. # _____ STREET _____	CITY _____ PROVINCE _____ POSTAL CODE _____	\$ <input type="checkbox"/> CHECK IF RECEIPT REQUIRED
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ CARD # _____ EXPIRY _____		
	E-MAIL _____ TELEPHONE # _____		
	X		
6	SUITE/APT. # _____ STREET _____	CITY _____ PROVINCE _____ POSTAL CODE _____	\$ <input type="checkbox"/> CHECK IF RECEIPT REQUIRED
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ CARD # _____ EXPIRY _____		
	E-MAIL _____ TELEPHONE # _____		
	X		
7	SUITE/APT. # _____ STREET _____	CITY _____ PROVINCE _____ POSTAL CODE _____	\$ <input type="checkbox"/> CHECK IF RECEIPT REQUIRED
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD NAME ON CARD _____ CARD # _____ EXPIRY _____		
	E-MAIL _____ TELEPHONE # _____		
	X		
<input type="checkbox"/> CHARGE ALL DONATIONS TO MY CREDIT CARD AMOUNT TO BE CHARGED \$ _____		CARD # _____ EXPIRY _____ NAME ON CARD _____	TOTAL DONATIONS \$

TAX RECEIPT INFORMATION

Receipts will automatically be issued for donations of \$20 or more. For donations of less than \$20 receipts will be issued upon request. Donor's name and address must be complete and legible to receive a tax receipt. NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency.