



Donation Summary Form

Name of Event:

Donor Name (first and last name):		
Address:	City:	Postal Code:
Tel:	Email (optional):	
Amount Donated \$	Cash	Cheque
Tax Receipt Required (for donations of \$20 or more):	Yes	No

Donor Name (first and last name):		
Address:	City:	Postal Code:
Tel:	Email (optional):	
Amount Donated \$	Cash	Cheque
Tax Receipt Required (for donations of \$20 or more):	Yes	No

Donor Name (first and last name):		
Address:	City:	Postal Code:
Tel:	Email (optional):	
Amount Donated \$	Cash	Cheque
Tax Receipt Required (for donations of \$20 or more):	Yes	No