



# DONATION FORM

NAME: \_\_\_\_\_

TEAM: \_\_\_\_\_

**PLEASE NOTE:**

- Make all cheques payable to Niagara Health Foundation
- Receipts for income tax purposes will be provided for **donations of \$20 or more** ONLY if address is provided
- Donations can be brought to the pre-registration (Details TBD) , the Foundation Office, or the event

Name	Address, City, Postal Code	Phone	Amt Pledged	Paid
<input type="checkbox"/> Yes, I would like to receive my tax receipt via email (please print):				
<input type="checkbox"/> Yes, I would like to receive my tax receipt via email (please print):				
<input type="checkbox"/> Yes, I would like to receive my tax receipt via email (please print):				
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<input type="checkbox"/> Yes, I would like to receive my tax receipt via email (please print) :				
				<b>TOTAL \$</b>