

Heroes for Cystic Fibrosis

Event Donor Sheet



DONOR INFORMATION: Tax Receipts will be issued for all donation amounts of \$20 or over. All donor information MUST be completed in order to receive a tax receipt. For electronic tax receipt requests, an email address must also be provided. **CHEQUES** should be made out to *Cystic Fibrosis Canada*.

Participant's Name:
Participant's Phone#:
Participant's Email:

1	Donor's Name:	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque			Amount	Receipt
	Street Address	Phone:				<input type="checkbox"/> Print <input type="checkbox"/> Electronic
	City:	Prov	Postal Code	Email:		
	Donor's Name:					
2	Donor's Name:	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque			Amount	Receipt
	Street Address	Phone:				<input type="checkbox"/> Print <input type="checkbox"/> Electronic
	City:	Prov	Postal Code	Email:		
	Donor's Name:					
3	Donor's Name:	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque			Amount	Receipt
	Street Address	Phone:				<input type="checkbox"/> Print <input type="checkbox"/> Electronic
	City:	Prov	Postal Code	Email:		
	Donor's Name:					
4	Donor's Name:	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque			Amount	Receipt
	Street Address	Phone:				<input type="checkbox"/> Print <input type="checkbox"/> Electronic
	City:	Prov	Postal Code	Email:		
	Donor's Name:					
5	Donor's Name:	<input type="checkbox"/> Cash or <input type="checkbox"/> Cheque			Amount	Receipt
	Street Address	Phone:				<input type="checkbox"/> Print <input type="checkbox"/> Electronic
	City:	Prov	Postal Code	Email:		
	Donor's Name:					
Total:						

Event Organizer: Jeremy Hall
 Email: jeremy@heroesforcf.ca