

DONATION FORM

Please complete the information below. For extra forms, visit dash4dad.ca

PARTICIPANT INFORMATION - ONE SHEET PER PERSON - PLEASE PRINT.

FIRST NAME _____ LAST NAME _____ AGE _____ GENDER M F

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

EMAIL _____ TELEPHONE # _____ HOME

TEAM MEMBER INFORMATION

TEAM TYPE: CORPORATE FRIENDS & FAMILY SCHOOL SURVIVORS

TEAM NAME _____ TEAM CAPTAIN'S NAME _____

DONATION PANEL - PLEASE PRINT

\$40 Registration Fee payment method.*
 cash cheque credit card

Card #: _____
 CVC #: _____

Waiver: In signing this release, I acknowledge that I understand the intent thereof, and I hereby agree and absolve and hold harmless Dash 4 Dad and London Health Sciences Foundation, corporate sponsors, co-operating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in the Dash 4 Dad Walk/Run for Prostate Cancer or any activities associated therewith. I hereby consent to permit any emergency treatment in the event of injury or illness. I also give full permission for the free use of my name and/or photograph in promotion, publications or advertising related to Dash 4 Dad and London Health Sciences Foundation.

Signature (applies to credit card authorization and waiver)
 If participant is under 18 years of age, parent or guardian must sign.
 *Registration fees are not eligible for tax receipts and are non-refundable.

							DONATION AMOUNT				
EXAMPLE	FIRST NAME	LAST NAME	AMOUNT COLLECTED	OFFICE USE							
	John	Smith	\$100		SUITE/APT #	STREET	CITY	PROVINCE	POSTAL CODE		
	111	Anywhere st.			London	ON	N2N 3N4				
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input checked="" type="checkbox"/> CREDIT CARD	NAME ON CARD			TELEPHONE #						
	John Smith	519-123-4567									
	E-MAIL	CARD #	EXPIRY								
	j.smith@gmail.com	12345678912345678	03/22								
1	FIRST NAME	LAST NAME	AMOUNT COLLECTED	OFFICE USE							
	SUITE/APT #	STREET	CITY	PROVINCE	POSTAL CODE						
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD	TELEPHONE #								
	E-MAIL	CARD #	EXPIRY								
2	FIRST NAME	LAST NAME	AMOUNT COLLECTED	OFFICE USE							
	SUITE/APT #	STREET	CITY	PROVINCE	POSTAL CODE						
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD	TELEPHONE #								
	E-MAIL	CARD #	EXPIRY								
3	FIRST NAME	LAST NAME	AMOUNT COLLECTED	OFFICE USE							
	SUITE/APT #	STREET	CITY	PROVINCE	POSTAL CODE						
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD	TELEPHONE #								
	E-MAIL	CARD #	EXPIRY								
4	FIRST NAME	LAST NAME	AMOUNT COLLECTED	OFFICE USE							
	SUITE/APT #	STREET	CITY	PROVINCE	POSTAL CODE						
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	NAME ON CARD	TELEPHONE #								
	E-MAIL	CARD #	EXPIRY								

CHARGE ALL DONATIONS TO MY CREDIT CARD VISA MC

AMOUNT TO BE CHARGED \$ _____ CARD # _____ EXPIRY _____ NAME ON CARD _____

This form only
TOTAL DONATIONS \$

FOR OFFICE USE ONLY
 Cash \$ _____
 Credit Card \$ _____
 Cheques \$ _____
 Grand Total \$ _____
 Initials _____

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.

Please ensure cheque donations are made payable to **Dash 4 Dad**.
 Charitable Registration # BN 89478 1475 RR001