

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

\$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 COLLECTION - Please Print

							DONATION AMOUNT				
							AMOUNT COLLECTED	OFFICE USE			
EXAMPLE	FIRST NAME	John			LAST NAME	Smith		\$100			
	SUITE/APT #	1			STREET	Anywhere St.					
	CITY	London			PROVINCE	ON	POSTAL CODE			N2N 3N4	
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input checked="" type="checkbox"/> CREDIT CARD		NAME ON CARD		John Smith		TELEPHONE #			519-123-4567	
1	E-MAIL	j.smith@gmail.com			CARD #	1234567891234567803/22					
	FIRST NAME				LAST NAME						
	SUITE/APT #				STREET						
	CITY				PROVINCE					POSTAL CODE	
2	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD		TELEPHONE #						
	E-MAIL				CARD #				EXPIRY		
	FIRST NAME				LAST NAME						
	SUITE/APT #				STREET						
3	CITY				PROVINCE						
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD		TELEPHONE #						
	E-MAIL				CARD #					EXPIRY	
	FIRST NAME				LAST NAME						
4	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	
		<input type="checkbox"/> CHARGE ALL DONATIONS TO MY CREDIT CARD		<input type="checkbox"/> VISA <input type="checkbox"/> MC		CARD #	EXPIRY	This form only TOTAL DONATIONS \$			
		AMOUNT TO BE CHARGED \$		NAME ON CARD				FOR OFFICE USE ONLY			

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 RR0001

Cash \$
Credit Card \$
Cheques \$
Grand Total \$
Initials