

## **Donation Form**



Particpant Information	TOTAL DONATIONS COLLECTED
Participant Name:	\$
Team:	
☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt	DONATION AMOUNT \$
First Name: Last Name:	For donations under \$20, receipts will be issued upon request.
Suite/Apt#: Address:	City: Prov:
Postal Code: Email:Phone: (	)
☐ I do not give PWA permission to contact me ☐ I do not want to receive the PWA E-news ☐ Charge all donataions to my credit card: Card: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Expiry: /
☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt	
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Amount \$ Name on card:	X
☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt	DONATION AMOUNT \$
First Name: Last Name:	For donations under \$20, receipts will be issued upon request.
Suite/Apt#: Address:	City: Prov:
Postal Code: Email: Phone: (	)
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Amount \$ Name on card:	X
☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt	DONATION AMOUNT \$
First Name: Last Name:	For donations under \$20, receipts will be issued upon request.
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Amount \$ Name on card:	Х