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 ☐ I prefer my donation to remain anonymous ☐ Charge all donataions to my credit card: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
	DONATION AMOUNT \$ For donations under \$20, receipts will be issued upon request.
First Name: Last Name:	
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Postal Code: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:	
Amount \$ Name on card:	
☐ 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: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:	Expiry: /
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:
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Assessment C	V