Love Bowl 2012 - Donation Form

Participant Information (one form per participant)

First Name: _____ Last Name: _____ Team Name: _____

Suite/Apt#: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____

Email: _____ Phone: ( ) _____

Donation Information **TOTAL DONATIONS COLLECTED $_____**

1

Donation Amount: $_____ ☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt (For Donations less than $20, receipts will be issued upon request)

First Name:_____ Last Name: _____

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

2

Donation Amount: $_____ ☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt (For Donations less than $20, receipts will be issued upon request)

First Name:_____ Last Name: _____

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

3

Donation Amount: $_____ ☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt (For Donations less than $20, receipts will be issued upon request)

First Name:_____ Last Name: _____

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

4

Donation Amount: $_____ ☐ Cash ☐ Cheque (payable to PWA) ☐ I would like a tax receipt (For Donations less than $20, receipts will be issued upon request)

First Name:_____ Last Name: _____

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 donations to my credit card** Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry ☐☐ /☐☐

Amount to be charged $_____

Name on Card _____ **X** _____

Tax Receipt Information

- Receipts will be automatically issued for donations of $20 or more
- For Donations less than $20, receipts will be issued upon request
- Donor's name and addresses must be complete and legible to receive a tax receipt
- Donations must be received by December 31, 2011 to receive a 2011 tax receipt.