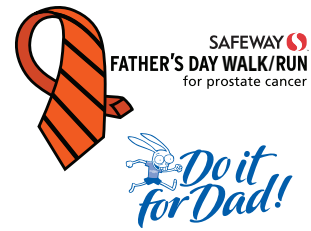


# 2009 Donation Form – Victoria

Online Registration Number  
(if applicable)



## PERSONAL INFORMATION

(One form per individual. Your personal information must appear on both the registration and donation forms.)

Track your donations online! Visit [www.theprostatecentre.info/fathersdayrun](http://www.theprostatecentre.info/fathersdayrun)

FIRST NAME	STREET	CITY	PROVINCE	POSTAL CODE
SUITE/APT. #		TELEPHONE #		

**IMPORTANT!!!! ONLINE & OFFLINE DONOR INFORMATION:** If you would like a tax receipt for your donation, please make sure ALL REQUESTED INFORMATION, INCLUDING AN EMAIL ADDRESS, IS COMPLETE AND LEGIBLE. We will not mail out receipts with incomplete donor information. If you don't know your donor's email address then PLEASE PUT YOUR EMAIL ADDRESS. NO EMAIL ADDRESS = NO TAX RECEIPT!

## TEAM MEMBER INFORMATION

TEAM TYPE:  CORPORATE  FRIENDS & FAMILY  SCHOOL

PLEASE PRINT *Please make cheques payable to: The Prostate Centre* TEAM NAME \_\_\_\_\_ TEAM CAPTAIN'S NAME \_\_\_\_\_ DONATION AMT \_\_\_\_\_

<b>1</b>	FIRST NAME		LAST NAME		\$	<input type="checkbox"/> CHECK IF RECEIPT REQUIRED			
	SUITE/APT. #		STREET				CITY	PROVINCE	POSTAL CODE
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD				CARD #	EXPIRY	
	E-MAIL		TELEPHONE #				X		
<b>2</b>	FIRST NAME		LAST NAME		\$	<input type="checkbox"/> CHECK IF RECEIPT REQUIRED			
	SUITE/APT. #		STREET				CITY	PROVINCE	POSTAL CODE
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD				CARD #	EXPIRY	
	E-MAIL		TELEPHONE #				X		
<b>3</b>	FIRST NAME		LAST NAME		\$	<input type="checkbox"/> CHECK IF RECEIPT REQUIRED			
	SUITE/APT. #		STREET				CITY	PROVINCE	POSTAL CODE
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD				CARD #	EXPIRY	
	E-MAIL		TELEPHONE #				X		
<b>4</b>	FIRST NAME		LAST NAME		\$	<input type="checkbox"/> CHECK IF RECEIPT REQUIRED			
	SUITE/APT. #		STREET				CITY	PROVINCE	POSTAL CODE
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD				CARD #	EXPIRY	
	E-MAIL		TELEPHONE #				X		
<b>5</b>	FIRST NAME		LAST NAME		\$	<input type="checkbox"/> CHECK IF RECEIPT REQUIRED			
	SUITE/APT. #		STREET				CITY	PROVINCE	POSTAL CODE
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD				CARD #	EXPIRY	
	E-MAIL		TELEPHONE #				X		
<b>6</b>	FIRST NAME		LAST NAME		\$	<input type="checkbox"/> CHECK IF RECEIPT REQUIRED			
	SUITE/APT. #		STREET				CITY	PROVINCE	POSTAL CODE
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD				CARD #	EXPIRY	
	E-MAIL		TELEPHONE #				X		
<b>7</b>	FIRST NAME		LAST NAME		\$	<input type="checkbox"/> CHECK IF RECEIPT REQUIRED			
	SUITE/APT. #		STREET				CITY	PROVINCE	POSTAL CODE
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD		NAME ON CARD				CARD #	EXPIRY	
	E-MAIL		TELEPHONE #				X		
<input type="checkbox"/> CHARGE ALL DONATION TO MY CREDIT CARD AMOUNT TO BE CHARGED \$		CARD #	EXPIRY		TOTAL DONATIONS \$				
		NAME ON CARD							

## 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.