



# 2016 WALK TO FIGHT ARTHRITIS OFFLINE DONATION FORM

393 University Avenue, Suite 1700  
Toronto, ON M5G 1E6  
walktofightarthritis.ca  
1.855.825.WALK (9255)



Please bring completed donation form, all cash and cheque donations with you on Walk day. Do not record online donations on this form.

## PARTICIPANT INFORMATION Charitable Registration Number: 108071671RR0003

Mr.  Mrs.  Ms.  Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Address  Home Address Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Team Type:  Corporate  Friends & Family  Youth Team Name: \_\_\_\_\_

Team Captain's Name: \_\_\_\_\_ Team Location: \_\_\_\_\_

## DONATION INFORMATION

• Please print clearly and complete the information below. • Make cheques payable to The Arthritis Society. Do not post-date cheques. • Tax receipts will be issued by the end of August 2016 for donations of \$20.00 or more, provided that information is complete and legible. Donations must be received by December 31, 2016 to receive a 2016 tax receipt. • All personal information disclosed on this form will be treated as confidential. The Arthritis Society uses this information to maintain contact with donors and Walk participants, to inform them of our activities and give them the opportunity to support The Society with a donation. \*  Yes, I would like to receive email communications from The Arthritis Society.

## DONORS CONTACT INFORMATION PAYMENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Opt In  EN  FR

Cheque (Payable to The Arthritis Society)  Cash  Credit Card Donation Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_

Expiry \_\_\_\_\_/\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Tax Receipt Required Yes  No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Opt In  EN  FR

Cheque (Payable to The Arthritis Society)  Cash  Credit Card Donation Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_

Expiry \_\_\_\_\_/\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Tax Receipt Required Yes  No

The Arthritis Society has been accredited under Imagine Canada's Standards Program. The Standards Program Trustmark is a mark of Imagine Canada used under licence by The Arthritis Society.



DONORS CONTACT INFORMATION			PAYMENT INFORMATION		
First Name _____ Street Address _____ City _____ Province _____ Postal Code _____ Email _____ Phone _____ Opt In <input type="checkbox"/> EN <input type="checkbox"/> FR <input type="checkbox"/>	Last Name _____ _____ _____ _____ _____	<input type="checkbox"/> <b>Cheque</b> (Payable to The Arthritis Society) <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Credit Card</b> Donation Amount \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> Tax Receipt Required    Yes <input type="checkbox"/> No <input type="checkbox"/> Card # _____ Expiry _____ / _____ _____ Cardholder's Name _____ <b>X</b> _____ Cardholder's Signature _____			
First Name _____ Street Address _____ City _____ Province _____ Postal Code _____ Email _____ Phone _____ Opt In <input type="checkbox"/> EN <input type="checkbox"/> FR <input type="checkbox"/>	Last Name _____ _____ _____ _____ _____	<input type="checkbox"/> <b>Cheque</b> (Payable to The Arthritis Society) <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Credit Card</b> Donation Amount \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> Tax Receipt Required    Yes <input type="checkbox"/> No <input type="checkbox"/> Card # _____ Expiry _____ / _____ _____ Cardholder's Name _____ <b>X</b> _____ Cardholder's Signature _____			
First Name _____ Street Address _____ City _____ Province _____ Postal Code _____ Email _____ Phone _____ Opt In <input type="checkbox"/> EN <input type="checkbox"/> FR <input type="checkbox"/>	Last Name _____ _____ _____ _____ _____	<input type="checkbox"/> <b>Cheque</b> (Payable to The Arthritis Society) <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Credit Card</b> Donation Amount \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> Tax Receipt Required    Yes <input type="checkbox"/> No <input type="checkbox"/> Card # _____ Expiry _____ / _____ _____ Cardholder's Name _____ <b>X</b> _____ Cardholder's Signature _____			
First Name _____ Street Address _____ City _____ Province _____ Postal Code _____ Email _____ Phone _____ Opt In <input type="checkbox"/> EN <input type="checkbox"/> FR <input type="checkbox"/>	Last Name _____ _____ _____ _____ _____	<input type="checkbox"/> <b>Cheque</b> (Payable to The Arthritis Society) <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Credit Card</b> Donation Amount \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> Tax Receipt Required    Yes <input type="checkbox"/> No <input type="checkbox"/> Card # _____ Expiry _____ / _____ _____ Cardholder's Name _____ <b>X</b> _____ Cardholder's Signature _____			

**For office use only**

Coins \$ \_\_\_\_\_      Cheques \$ \_\_\_\_\_

Initials:      Bills \$

**For Walk day use only**

Total online donations

Total offline donations