



SATURDAY, JUNE 22, 2019

SSCY CENTRE @ 1155 NOTRE DAME AVE

DONOR INFORMATION (Please print)	AMOUNT	PAYMENT METHOD
Name: _____ Address: _____ City: _____ Postal: _____ Phone: _____ Email: _____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit/VISA/MC Tax Receipt requested (min. \$15): Y or N <input type="checkbox"/> Paid
Name: _____ Address: _____ City: _____ Postal: _____ Phone: _____ Email: _____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit/VISA/MC Tax Receipt requested (min. \$15): Y or N <input type="checkbox"/> Paid
Name: _____ Address: _____ City: _____ Postal: _____ Phone: _____ Email: _____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit/VISA/MC Tax Receipt requested (min. \$15): Y or N <input type="checkbox"/> Paid
Name: _____ Address: _____ City: _____ Postal: _____ Phone: _____ Email: _____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit/VISA/MC Tax Receipt requested (min. \$15): Y or N <input type="checkbox"/> Paid
Name: _____ Address: _____ City: _____ Postal: _____ Phone: _____ Email: _____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit/VISA/MC Tax Receipt requested (min. \$15): Y or N <input type="checkbox"/> Paid
Name: _____ Address: _____ City: _____ Postal: _____ Phone: _____ Email: _____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit/VISA/MC Tax Receipt requested (min. \$15): Y or N <input type="checkbox"/> Paid
Name: _____ Address: _____ City: _____ Postal: _____ Phone: _____ Email: _____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit/VISA/MC Tax Receipt requested (min. \$15): Y or N <input type="checkbox"/> Paid