



First Name:	Last Name:
Address:	
Cell:	Other Tel:
Email:	Team Name (if applicable):

PLEASE PRINT CLEARLY		AMOUNT	
		Cash / Cheque	Credit Card
NAME OF DONOR: Jane Smith TEL. : (555) 555-5555 EMAIL: jane.smith@gmail.com			
ADDRESS: 123 Main Street CITY: Toronto PROV. : ON POSTAL CODE : A1A 1A1			
CARD NO. 1234 5678 9012 3456	EXPIRY: 01/15		
NAME ON CARD: Jane Smith	Signature X _____		
1			
2			
3			
4			
5			
6			
<b>Totals</b>			

Please make cheques payable to the **ST. JOSEPH'S HEALTH CENTRE FOUNDATION**. If you need more forms, please photocopy this one. Receipts will be issued for donations of \$20.00 or more. Donor's name and address must be complete and legible. Donors can also go online to make easy and secure credit card donations at [www.cycle4stjoes.ca](http://www.cycle4stjoes.ca). All offline funds should be brought to the Foundation office or to the event registration on Sunday September 26, 2021.

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**Thank you for your support of Cycle 4 St. Joe's 2021!**