



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			
Totals			

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. All offline funds should be brought to the Foundation office or to the event registration on Sunday, September 23rd, 2018.

St. Joseph's Health Centre Foundation is committed to protecting the privacy of all information that you choose to share with us. Our Privacy Policy is intended to ensure that any confidential information that we collect, use or disclose in providing services is managed according to the best and most current privacy practices, and complies with all relevant privacy legislation. Please see <http://supportstjoes.ca/privacy-policy/> for more information.

Thank you for your support of Cycle 4 St. Joe's 2018!