

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

| <b>PLEASE PRINT CLEARLY</b>   |                      | AMOUNT           |                |
|---|----------------------|------------------|----------------|
|   |                      | Cash /<br>Cheque | Credit<br>Card |
| NAME OF DONOR: Jane Smith TEL. : (555) 555-5555 EMAIL: jane.smith@gmail.com                         |                      |                  |                |
| ADDRESS: <b>123 Main Street</b> CITY: <b>Toronto</b> PROV. : <b>ON</b> POSTAL CODE : <b>A1A 1A1</b> |                      |                  |                |
| CARD NO. <b>1234 5678 9012 3456</b>   | EXPIRY: <b>01/15</b> |                  |                |
| NAME ON CARD: <b>Jane Smith</b>   | 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 25, 2022.

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**Thank you for your support of Cycle4St.Joe's 2022!**