

MyDiabetesFundraiser

Participant Name: _____

Fundraiser Name (Event): _____ Email Address: _____

Home Address: _____

Method of Deposit: Cheque Credit Card Cash

OFFICIAL DONATION FORM

- Please do not mail cash.
- Please only include donors for whom you are currently submitting funds
- If donations are over \$20 with a valid mailing address will receive a tax receipt for income tax purposes. If a donation is under \$20, a receipt will be issued only if requested by the donor

Name of Donor	Address (Please print clearly)	Phone Number	Email Address	Amount Donated	Cheque Number
Fundraising money/miscellaneous cash donations not requiring a receipt				\$	
Total donations remitted				\$	

Card Holder Name: _____ Credit Card Number: _____

Expiry date: _____ CVV: _____

Send Donations forms and/or Cheques to: My Diabetes Fundraiser
Diabetes Canada
 1300-522 University Avenue
 Toronto, ON M5G 2R5

