



DONATION FORM

I would like to help a child participate in organized sport. \$20 \$25 \$50 \$100

I prefer to give: \$ _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

I would like to receive information and updates related to KidSport™.

CASH CHEQUE MONEY ORDER

CREDIT CARD:

VISA: _____ EXP: _____ CVS: _____

MASTERCARD: _____ EXP: _____ CVS: _____

ONE-TIME RECURRING Frequency: _____

OFFICE USE ONLY:

Donation Charity of Choice Fundraiser

TAX RECEIPT #

PROCESSED BY:

KidSport Coordinator _____

Memorial Donation: _____

In Honour of/In Celebration of/Birthday: _____

Director of Finance _____

Accounting Manager _____

In Memory/Celebration/Honour of _____

Memorial/In Honour/In Celebration/Birthday Card should be sent to:

NAME: _____

ADDRESS: _____

Date Received: _____

Processed By: _____

E-Tapestry Date: _____

Entered By: _____

Date Entered in DB: _____

Entered By: _____