



**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

VISA: \_\_\_\_\_    EXP: \_\_\_\_\_    CVS: \_\_\_\_\_

MASTERCARD: \_\_\_\_\_    EXP: \_\_\_\_\_    CVS: \_\_\_\_\_

ONE-TIME     RECURRING     Frequency: \_\_\_\_\_

Donation     Charity of Choice     Fundraiser

Memorial Donation:  
In Honour of/In Celebration of/Birthday: \_\_\_\_\_

In Memory/Celebration/Honour of \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**OFFICE USE ONLY:**

PROCESSED BY:  
KidSport Coordinator \_\_\_\_\_  
Director of Finance \_\_\_\_\_  
Accounting Manager \_\_\_\_\_

**TAX RECEIPT #**

Date Received: \_\_\_\_\_    Processed By: \_\_\_\_\_

E-Tapestry Date: \_\_\_\_\_    Entered By: \_\_\_\_\_

Date Entered in DB: \_\_\_\_\_    Entered By: \_\_\_\_\_