

LOCATION:





Make all cheques payable to "Easter Seals Ontario." Please ensure complete address provided and check receipt preference.

TEAM NAME:								
PARTICIPAN	IT NAME:							
<u>T</u> ELEPHONE: <u>(</u>	)		E-MAI	IL:				
PLEASE COMPLETE DONORS NAME AND COMPLETE ADDRESS EVEN IF WE ARE ISSUING AN E-MAIL RECEIPT. PLEASE PRINT CLEARLY WE CANNOT GUARANTEE A TAX RECEIPT IF INFORMATION IS NOT CLEAR.					AMOUNT DONATED	PAID	PHYSICAL RECEIPT PREFERRED	E-RECEIPT PREFERRED
					Example: <b>\$50.00</b>	✓		Υ
Last name		First name						
Apt. #/TH/Suite	Street Address		City	Postal Code				
E-mail address (required for	or e-receipt to be issued)							
Last name		First name						
Apt. #/TH/Suite	Street Address		City	Postal Code				
E-mail address (required for	or e-receipt to be issued)							
Last name		First name						
Apt. #/TH/Suite	Street Address		City	Postal Code				
E-mail address (required for	or e-receipt to be issued)							
Last name		First name						
Apt. #/TH/Suite	Street Address		City	Postal Code				
E-mail address (required for	or e-receipt to be issued)							
Last name		First name						
Apt. #/TH/Suite	Street Address		City	Postal Code				
E-mail address (required for	or e-receipt to be issued)							
Last name		First name						
Apt. #/TH/Suite	Street Address		City	Postal Code				
E-mail address (required for	or e-receipt to be issued)							
Last name		First name						
Apt. #/TH/Suite	Street Address		City	Postal Code				
E-mail address (required for	or e-receipt to be issued)							

Please choose only <u>one</u> method for your tax receipt. Tax receipts can be emailed if the donor's e-mail address is provided and they opt for an e-receipt, otherwise the tax receipt will be mailed post-event.

TOTAL \$

Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, ON M3C 3N6 For more information, please contact <u>info@easterseals.org</u> or visit marchiseastersealsmonth.org.