

Please print in CAPITAL LETTERS when completing the following information on this form.

Participant Information

Walk Community - _____

Participant's Name - _____
First/Last Name

Team Name - _____
Where applicable.



Have a question? Just ask.
Toll-free: 1.888.567.9490
Email: steps@threadsoflife.ca

Charitable Organization #87524 8908 RR0001
Form Revision: v.2882017.sw

Donation/Pledge Information

WALK-UP DONATION ONLY (Please check if using form for walk-up donation and complete donor information on Line 1)

Donor's Name	Pledge/ Donation	PAID	Receipt Please	HOME MAILING Address (Street, City, Prov, Postal Code)	If donation is pending* online.
1. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
10. _____	\$ _____	<input type="checkbox"/> CHQ <input type="checkbox"/> CASH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Complete address
required for tax receipt

Page Total - \$ _____

Grand Total - \$ _____

*The donation is "pending" if the participant (walker) has entered the amount of a cash or cheque donation on their personal online fundraising page. Entering a "pending" donation allows the participant to show their fundraising progress online, but is not an official record of a donation.

Donation/Pledge Payment Option

I wish to pay for all my pledges/donations with my credit card, instead of submitting cash/cheques.

Credit Card Visa Mastercard

Credit Card # _____

Expiry Date _____ CVC/CVV# _____

I authorize the following amount to be charged to my credit card

Name on the Credit Card (Printed) _____

Cardholder Signature _____

Important to note:

- This form is to be used only for cash and cheque donations/pledges received.
- Every cash or cheque donation/pledge you collect must be recorded on this form. **Do not include paid online donations on this form.**
- **Tax receipts** will be automatically issued for amounts of \$20 or more, where full postal address is provided legibly above. All other tax receipts will be issued upon request. Tax receipts cannot be issued if contact information is not legible nor completed in full.
- Home mailing address is required in order to issue a tax receipt.
- **Please make cheques payable to Threads of Life.**

