

WALK TO FIGHT ARTHRITIS

OFFLINE DONATION FORM

393 University Avenue, Suite 1700
 Toronto, ON M5G 1E6
 walktofightarthritis.ca
 1.855.825.WALK (9255)

Please bring completed donation form, all cash and cheque donations with you on Walk day. Do not record online donations on this form.

PARTICIPANT INFORMATION Charitable Registration Number: 108071671RR0003

Mr. Mrs. Ms. Dr. First Name: _____ Last Name: _____ Company (if applicable): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Business Address Home Address Telephone: _____ Email: _____

Team Type: Corporate Friends & Family Youth Team Name: _____

Team Captain's Name: _____ Team Location: _____

DONATION INFORMATION

• Please print clearly and complete the information below. • Make cheques payable to The Arthritis Society. Do not post-date cheques. • Tax receipts will be issued by the end of the year for donations of \$20.00 or more, provided that information is complete and legible. Donations must be received by December 31 of the year of the Walk to receive a tax receipt for that year. • All personal information disclosed on this form will be treated as confidential. The Arthritis Society uses this information to maintain contact with donors and Walk participants, to inform them of our activities and give them the opportunity to support The Society with a donation. * Yes, I would like to receive email communications from The Arthritis Society.

DONORS CONTACT INFORMATION

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

PAYMENT INFORMATION

Cheque (Payable to The Arthritis Society) Cash Credit Card Donation Amount \$ _____

Card # _____

Expiry _____/____

Cardholder's Name _____

Cardholder's Signature _____

Tax Receipt Required Yes No

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

Cheque (Payable to The Arthritis Society) Cash Credit Card Donation Amount \$ _____

Card # _____

Expiry _____/____

Cardholder's Name _____

Cardholder's Signature _____

Tax Receipt Required Yes No

The Arthritis Society has been accredited under Imagine Canada's Standards Program. The Standards Program Trustmark is a mark of Imagine Canada used under licence by The Arthritis Society.



DONORS CONTACT INFORMATION PAYMENT INFORMATION

First Name _____ Last Name _____
 Street Address _____
 City _____ Province _____ Postal Code _____
 Email _____ Phone _____
 Opt In EN FR

Cheque (Payable to The Arthritis Society) Cash Credit Card Donation Amount \$ _____
 Card # _____ Tax Receipt Required Yes No
 Expiry _____
 _____ X _____
 Cardholder's Name Cardholder's Signature

First Name _____ Last Name _____
 Street Address _____
 City _____ Province _____ Postal Code _____
 Email _____ Phone _____
 Opt In EN FR

Cheque (Payable to The Arthritis Society) Cash Credit Card Donation Amount \$ _____
 Card # _____ Tax Receipt Required Yes No
 Expiry _____
 _____ X _____
 Cardholder's Name Cardholder's Signature

First Name _____ Last Name _____
 Street Address _____
 City _____ Province _____ Postal Code _____
 Email _____ Phone _____
 Opt In EN FR

Cheque (Payable to The Arthritis Society) Cash Credit Card Donation Amount \$ _____
 Card # _____ Tax Receipt Required Yes No
 Expiry _____
 _____ X _____
 Cardholder's Name Cardholder's Signature

First Name _____ Last Name _____
 Street Address _____
 City _____ Province _____ Postal Code _____
 Email _____ Phone _____
 Opt In EN FR

Cheque (Payable to The Arthritis Society) Cash Credit Card Donation Amount \$ _____
 Card # _____ Tax Receipt Required Yes No
 Expiry _____
 _____ X _____
 Cardholder's Name Cardholder's Signature

For office use only Coins \$ _____ Cheques \$ _____
 Initials: Bills \$ _____
 \$ _____

For Walk day use only Total online donations \$ _____
 Total offline donations \$ _____
 \$ _____