



Fundraiser Full Name: _____
 Club Name (if applicable): _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Kin District: _____
 Phone: _____ Email Address: _____

Is this donation attached to a Kin Event: Event Name: _____
 Other: _____

Language Preference: English Français

TAX RECEIPT INFORMATION:
 Receipts will be issued for all donation amounts of \$20 and over. **All donor information (including address) MUST be completed in order to receive a tax receipt.**

PLEASE DO NOT MAIL CASH; TO PAY WITH CREDIT CARD GO ONLINE TO KIN.CYSTICFIBROSIS.CA OR PAY VIA CHEQUE.

DONOR'S FIRST NAME	DONOR'S LAST NAME	STREET ADDRESS/ PO BOX (SUITE/UNIT/APT.)	CITY	PROV.	POSTAL CODE	PHONE	EMAIL	DONATION AMOUNT	TYPE	TAX RECEIPT
									<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH	<input type="checkbox"/> PRINT <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> NO TAX RECEIPT
									<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH	<input type="checkbox"/> PRINT <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> NO TAX RECEIPT
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									<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH	<input type="checkbox"/> PRINT <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> NO TAX RECEIPT

Make all cheques payable to: **Cystic Fibrosis Canada**

Please mail this form along with all donations to:
 Cystic Fibrosis Canada, 20 Eglinton Ave. W, Suite 1305, Toronto, ON, M4R 1K8

Charitable Registration: #10864 5100 RR0001

TOTAL PLEDGES	\$
TOTAL COLLECTED	\$
BALANCE REMAINING	\$
THANK YOU FOR YOUR GENEROSITY.	

By completing this form and submitting to Cystic Fibrosis Canada, you hereby consent to the collection and use, by the organization of your personal information in accordance with Cystic Fibrosis Canada's Privacy Policy. Our policy details are available by sending an email to info@cysticfibrosis.ca with "Attention Privacy Officer" in the subject line, or by contacting Cystic Fibrosis Canada at 1-800-378-2233.