

# OFFLINE DONATION 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: \_\_\_\_\_

**DONATION INFORMATION**

• Make cheques payable to The Arthritis Society. Do not post-date cheques. • Tax receipts may be issued four weeks after your event for donations of \$20.00 or more, provided that information is complete and legible. • All personal information disclosed on this form will be treated as confidential.

Yes, I would like to receive email communications from 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 # \_\_\_\_\_

Expiry \_\_\_\_\_/\_\_\_\_

Tax Receipt Required Yes  No

\_\_\_\_\_ 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 # \_\_\_\_\_

Expiry \_\_\_\_\_/\_\_\_\_

Tax Receipt Required Yes  No

\_\_\_\_\_ X \_\_\_\_\_  
Cardholder's Name Cardholder's Signature

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