

Offline Donation Form



Cut along the dotted lines to separate donations and donor information for multiple donors.

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 Arthritis Society Canada. 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 Arthritis Society Canada.

DONORS CONTACT INFORMATION

PAYMENT INFORMATION

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

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

Card # _____ Tax Receipt Required Yes No

Expiry _____/_____/_____

Cardholder's Name _____ Cardholder's Signature _____ **X**

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Opt In EN FR

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

Card # _____ Tax Receipt Required Yes No

Expiry _____/_____/_____

Cardholder's Name _____ Cardholder's Signature _____ **X**

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



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PAYMENT INFORMATION

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

Cheque (Payable to Arthritis Society Canada) **Cash** **Credit Card** **Donation Amount** \$ _____
Card # _____ Tax Receipt Required Yes No
Expiry _____

Cardholder's Name _____ **X** _____
Cardholder's Signature

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

Cheque (Payable to Arthritis Society Canada) **Cash** **Credit Card** **Donation Amount** \$ _____
Card # _____ Tax Receipt Required Yes No
Expiry _____

Cardholder's Name _____ **X** _____
Cardholder's Signature

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

Cheque (Payable to Arthritis Society Canada) **Cash** **Credit Card** **Donation Amount** \$ _____
Card # _____ Tax Receipt Required Yes No
Expiry _____

Cardholder's Name _____ **X** _____
Cardholder's Signature

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

Cheque (Payable to Arthritis Society Canada) **Cash** **Credit Card** **Donation Amount** \$ _____
Card # _____ Tax Receipt Required Yes No
Expiry _____

Cardholder's Name _____ **X** _____
Cardholder's Signature