

Offline Donation Form



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

PARTICIPANT INFORMATION

Charitable Registration Number: 108071671RR0003

First Name: _____ Last Name: _____ Company (if applicable): _____

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

Business Address Home Address Phone: _____ 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

First Name _____ Last Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Donation Amount

\$ _____

Tax Receipt Required Yes No

PAYMENT INFORMATION

Cheque (Payable to Arthritis Society Canada) Cash Credit Card

Card # _____ Expiry _____

X _____
Cardholder's Signature

Email _____ Phone _____ Cardholder's Name _____

Opt In EN FR



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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