

CYCLE FOR HOPE DONATION FORM



RIDER NAME: _____

RIDER ADDRESS: _____

RIDER PHONE #: _____

RIDER EMAIL: _____

1. ALL DONATION AMOUNTS ARE ACCEPTED
2. MINIMUM DONATION OF \$20 REQUIRED FOR THIS EVENT IN ORDER TO ISSUE A TAX RECEIPT

NAME	MAILING ADDRESS	EMAIL	DONATION AMOUNT	PAYMENT TYPE
IE: JOHN SMITH	45 EDWARD ST. PENETANGUISHENE, ON L9M 1J8	INFO@GBCANCERSUPPORTCENTRE.COM	\$100	CHEQUE

I ACKNOWLEDGE THAT I AM SOLICITING DONATIONS FROM THE PUBLIC FOR THE USE OF THE GEORGIAN BAY CANCER SUPPORT CENTRE, A REGISTERED CANADIAN CHARITY. I ACCEPT RESPONSIBILITY FOR MAINTAINING ACCURATE RECORDS OF THE DONATIONS I HAVE RECEIVED ON BEHALF OF THE CHARITY AND WILL REMIT ALL FUNDS TO THE GBCSC NOT LATER THAN SEPTEMBER 30TH, 2023.

SIGNATURE

DATE