Cycle Camelot Offline Donations

Participant's Name: _____

Participant's Address: _____ Phone: _____

Participant's Email: _____

1. All donation amounts are acceptable
2. Minimum donation amount for taxable receipt is $10.00
3. Tax receipts will be sent to donor's email if provided

Benefiting the **Georgian Bay Cancer Support Centre**
Registered Canadian Charity 840027205 RC 0001

DONOR'S NAME	DONOR'S MAILING ADDRESS	DONOR'S EMAIL	DONATION AMOUNT	HOW PAID Cash/Cheque

PAGE TOTAL: _____

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 11, 2015.

_____ _____
Signature Date