Cycle Camelot Donation Form

Rider's Name:_____

Riders Address:_____Phone:_____

Rider's Email: _____

1. All donation amounts are acceptable
2. Minimum donation amount for a tax receipt is $10. Tax receipts can be sent to donor's email if provide.

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 30th, 2018

_____ _____

Signature Date