

Tax Receipt Form

Event Name:

Organizer:

Event Date:

Name of
individual
fundraiser:

DONOR NAME*	MAILING ADDRESS*	EMAIL	PAYMENT TYPE	TAX RECEIPT (MIN. \$20 DONATION)	CREDIT CARD # (ALL 16 DIGITS)	EXPIRY	AMOUNT
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$

Page # _____ of _____

Total this page: \$

*Information required if tax receipt is to be issued