

Thursday, October 24, 2024 6:00 AM to 6:00 PM



Cash
Cheques
Credit Cards

TOTAL

| FUNDRAISER NAME | Mailing address | City/Town | Prov. | Postal Code | | |
|----------------------------|--|------------------|---|--|----------------------------|---|
| | | | | | Page | of |
| | | | | | | |
| E-mail | | Tel (day) | | Tel (evening) | | |
| | | DONATION INFORMA | TION Disease | | | |
| Charitable tax rec | DONATION INFORMATION - Please ued for donations over \$20, or upon | | r print clearly, thank you: n request. Receipts cannot be issued without all information filled out. | | | |
| DONOR NAME Mailing address | | | | □Cash | □MasterCard □VISA □AMEX | Donation \$ |
| | | | | | | |
| DI | lov. IT | | Cheque - Payable to Cancer Foundation of Sask | | | |
| Phone | City/Town | Prov. | Postal Code | Card # | | Receipt: Yes No |
| E-mail address | | Tel (day) | | Exp date/ | | <u> </u> |
| | | | | | | |
| DONOR NAME | Mailing address | | | □Cash | □MasterCard □VISA □AMEX | Donation \$ |
| | | | | | | |
| | | | | ☐ Cheque - Payable to Cance | | |
| Phone | City/Town | Prov. | Postal Code | Card # | | Receipt: Yes No |
| E-mail address | | Tel (day) | <u> </u> | Evn date / | | NO. NO. |
| | | | | Exp date/ | | |
| DONOR NAME | R NAME Mailing address | | | □Cash | □MasterCard □VISA □AMEX | Donation \$ |
| | | | | | | |
| | | | | □Cheque - Payable to Cancer Foundation of Sask | | |
| Phone | City/Town | Prov. | Postal Code | Card # | | Receipt: Yes No |
| E-mail address | | Tel (day) | J. | For data | | Receipt. resNo |
| | | . ,, | | Exp date/ | | |
| DONOR NAME Mailing address | | | | | Street Street | Donation \$ |
| | | | | □Cash | □ MasterCard □ VISA □ AMEX | |
| | | | | ☐Cheque - Payable to Cance | er Foundation of Sask | |
| Phone | City/Town | Prov. | Postal Code | Card # | | B |
| E-mail address | | Tel (day) | | | <u> </u> | Receipt: Yes No |
| a aaa. oo | (4.3) | | Exp date/ | | | |
| DONOR NAME | Mailing adduces | | | | | Donation 6 |
| DONOR NAME Mailing address | | | □Cash | □MasterCard □VISA □AMEX | Donation \$ | |
| | | | | ☐Cheque - Payable to Cance | er Foundation of Sask | |
| Phone | City/Town | Prov. | Postal Code | Card # | | |
| | | | | | | Receipt: Yes No |
| E-mail address | | Tel (day) | | Exp date/ | | |
| | | | | | 1 | |
| | | | | | | TOTAL OF THIS SHEET |