

2020

Countryside Camp Official Donation Sheet



Your Name:		
Address:		
City:	Prov.:	Postal Code:
Telephone #: ()		
Email:		

Receipts will be issued for gifts of \$25 or more.

- 1 Get Sponsors. 2 Print their complete name, address and phone #.
- 3 Collect the money. 4 **Send all money and sheets to Countryside Camp by Oct. 31**

1	Amount		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash PLEASE PRINT \$.	Mailing Address			
		City		Province	Postal Code
		Telephone # w/area code:		<input type="checkbox"/> Donor requests a tax receipt	
2	Amount		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash PLEASE PRINT \$.	Mailing Address			
		City		Province	Postal Code
		Telephone # w/area code:		<input type="checkbox"/> Donor requests a tax receipt	
3	Amount		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash PLEASE PRINT \$.	Mailing Address			
		City		Province	Postal Code
		Telephone # w/area code:		<input type="checkbox"/> Donor requests a tax receipt	
4	Amount		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash PLEASE PRINT \$.	Mailing Address			
		City		Province	Postal Code
		Telephone # w/area code:		<input type="checkbox"/> Donor requests a tax receipt	
5	Amount		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash PLEASE PRINT \$.	Mailing Address			
		City		Province	Postal Code
		Telephone # w/area code:		<input type="checkbox"/> Donor requests a tax receipt	
6	Amount		<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash PLEASE PRINT \$.	Mailing Address			
		City		Province	Postal Code
		Telephone # w/area code:		<input type="checkbox"/> Donor requests a tax receipt	

Turn Page Over for More Donations

7	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City	Province	Postal Code
	\$.	Telephone # w/area code:	<input type="checkbox"/> Donor requests a tax receipt	
8	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City	Province	Postal Code
	\$.	Telephone # w/area code:	<input type="checkbox"/> Donor requests a tax receipt	
9	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City	Province	Postal Code
	\$.	Telephone # w/area code:	<input type="checkbox"/> Donor requests a tax receipt	
10	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City	Province	Postal Code
	\$.	Telephone # w/area code:	<input type="checkbox"/> Donor requests a tax receipt	
11	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City	Province	Postal Code
	\$.	Telephone # w/area code:	<input type="checkbox"/> Donor requests a tax receipt	
12	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City	Province	Postal Code
	\$.	Telephone # w/area code:	<input type="checkbox"/> Donor requests a tax receipt	
13	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City	Province	Postal Code
	\$.	Telephone # w/area code:	<input type="checkbox"/> Donor requests a tax receipt	
Total		Please total the actual cash/cheques given to Countryside Camp.		
\$.		Cross off any donations not collected before sending this sheet.		
<p>If you're doing the Bike-a-thon on your own, send cheques and Donation Sheets to: Countryside Camp, 1985 Beke Rd. RR #4, Cambridge, ON N1R 5S5 519-623-4860 1-888-226-7722</p>				