



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



Page \_\_\_\_\_ of \_\_\_\_\_

FUNDRAISER NAME	Mailing address	City/Town	Prov.	Postal Code
E-mail	Tel (day)		Tel (evening)	

**DONATION INFORMATION - Please print clearly, thank you!**  
Charitable tax receipts will be automatically issued for donations over \$20, or upon request. Receipts cannot be issued without all information filled out.

DONOR NAME	Mailing address	<input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque - Payable to Cancer Foundation of Sask			Donation \$
Phone	City/Town	Prov.	Postal Code	Card #	Receipt: Yes ___ No ___
E-mail address	Tel (day)		Exp date ____/____		

DONOR NAME	Mailing address	<input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque - Payable to Cancer Foundation of Sask			Donation \$
Phone	City/Town	Prov.	Postal Code	Card #	Receipt: Yes ___ No ___
E-mail address	Tel (day)		Exp date ____/____		

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Phone	City/Town	Prov.	Postal Code	Card #	Receipt: Yes ___ No ___
E-mail address	Tel (day)		Exp date ____/____		

TOTAL OF THIS SHEET	
Cash	\$
Cheques	\$
Credit Cards	\$
<b>TOTAL</b>	<b>\$</b>