

Donation Tracking Pledge Form for Tax Receipt Requests

Event: _____
 Contact: _____
 Address: _____ City: _____

Event Date: _____
 Telephone: _____
 Prov: _____ Postal: _____

Use this form to record information and submit with pledge proceeds. CHFM cannot determine eligibility without this information. CHFM will receipt donations \$20 or more, please include full mailing details for receipts. **Please print carefully**

First Name	Last Name	Address	City	Postal Code	Phone	Email	Pledge	Receipt? (Y/N)	Cash/Cheque
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
Anonymous Donations							\$		
Total Donations Enclosed							\$		

CHARITABLE #: 11885 2490 RR0001

For further information regarding the eligibility of tax receipts to charitable tax receipts guidelines at the Canada Revenue agency website at www.cra-arc.gc.ca.



Thank you for your support!

