



Ronald Harvey
ELEMENTARY SCHOOL



**DONATION
FORM
2025**

Participant Name: _____

Address: _____

Email: _____

P: _____

***Tax Receipts can only be issued when COMPLETE ADDRESS is provided.**

			Pledge Amount	Paid by	Tax Receipt Option
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
Name:	Address:	P:		<input type="checkbox"/> Cheque	<input type="checkbox"/> Mail
	City: PC:	Email:		<input type="checkbox"/> Cash	<input type="checkbox"/> Email <input type="checkbox"/> None
TOTAL AMOUNT COLLECTED					

Charitable Registration #88640-1397RR0001

* Tax receipts will be issued for pledges of **\$20 and over.**

* Tax Receipts can only be issued when the **COMPLETE ADDRESS** is provided.

Please make cheques payable to:

KIDS WITH CANCER SOCIETY

11135 84 Avenue NW, Edmonton, AB T6G 0V9

P. 780.496.2459 **kidswithcancer.ca**

VERIFIED _____

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