

CHALLENGE THE CHIEF



www.calgarystairclimb.com

OFFICIAL CASH & CHEQUE FORM FOR CHALLENGE THE CHIEF

Please print clearly. If the information is not legible, a tax receipt may not be issued.

Participant Name: _____

Participant DAYTIME Phone #: _____

Participant EMAIL: _____

TEAM Name: _____

For online credit card donations: please obtain the personalized fundraising page link from the person you are sponsoring

| DONOR NAME (PLEASE PRINT) | MAILING ADDRESS (PLEASE PRINT CLEARLY) | CITY & PROVINCE | POSTAL CODE | DAY TELEPHONE | Cash X | Cheq X | AMOUNT | TAX RECEIPT - Y/N | |
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| Page # ____ of ____ | | | | Total Donations Collected (THIS PAGE): | | | | | |
| Total must match enclosed cash and cheques. Please record every donation you hand in. | | | | | | | | | |

Please make all cheques payable to **Wellspring Calgary**. Tax receipts will be issued for amounts of \$20.00 or more with a valid mailing address, unless otherwise requested.

Please return form and donations to Wellspring Calgary, Attn. Fund Development, 1404 Home Rd NW, Calgary, AB T3B 1G7 (403-521-5292). Please DO NOT mail cash.