


FIREFIGHTER STAIRCLIMB

CHALLENGE

www.calgarystairclimb.com

Cheques Made Payable to Wellspring Form

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 | Cheque | AMOUNT | TAX RECEIPT - Y/N |
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| Page # ____ of ____ | | Total Donations Collected (THIS PAGE): | | | | | |
| Total must match enclosed cheques. Please record every donation you hand in. | | | | | | | |

Please mail all cheques made payable to Wellspring Calgary along with this Cheque Form to: Wellspring Calgary, Attn. Fund Development, 3910 Seton Drive SE, Calgary, AB T3M 2N9 (403-521-5292 ext. 303).
 Tax receipts will be issued for amounts of \$20.00 or more with a valid mailing address, unless otherwise requested. The cheque totals must match the total on this form
 Please Do Not Mail Cash