


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	EMAIL ADDRESS	DAY TELEPHONE	Cheque	AMOUNT	TAX RECEIPT Y/N
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. Resource Development, 1404 Home Road NW, Calgary, AB T3B 1G7 (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