

FIREFIGHTER  STAIRCLIMB
CHALLENGE

www.calgarystairclimb.com

Electronic Funds Transfer Backup

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	Cash X	AMOUNT	TAX RECEIPT Y/N	
Page # ____ of ____		Total Donations Collected (THIS PAGE):							
Total must match Electronic Funds Transfer. Please record every donation you hand in.									

Donations can be e-transferred to: finance@wellspringcalgary.ca. Please email the Electronic Funds Transfer Backup Form to: finance@wellspringcalgary.ca
 Tax receipts will be issued for amounts of \$20.00 or more with a valid mailing address, unless otherwise requested.