



Name: _____

Team Name: _____

Address: _____

In order to receive a tax receipt, please print your name and complete address CLEARLY.

1	First Name ▶	Last Name ▶	DONATION AMOUNT	
	Address ▶	Unit ▶	\$	
	City ▶	Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email ▶	Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	First Name ▶	Last Name ▶	DONATION AMOUNT	
2	Address ▶	Unit ▶	\$	
	City ▶	Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email ▶	Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	First Name ▶	Last Name ▶	DONATION AMOUNT	
	3	Address ▶	Unit ▶	\$
City ▶		Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ▶		Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name ▶		Last Name ▶	DONATION AMOUNT	
4		Address ▶	Unit ▶	\$
	City ▶	Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email ▶	Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	First Name ▶	Last Name ▶	DONATION AMOUNT	
	5	Address ▶	Unit ▶	\$
City ▶		Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ▶		Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name ▶		Last Name ▶	DONATION AMOUNT	
6		Address ▶	Unit ▶	\$
	City ▶	Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email ▶	Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	First Name ▶	Last Name ▶	DONATION AMOUNT	
	7	Address ▶	Unit ▶	\$
City ▶		Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ▶		Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name ▶		Last Name ▶	DONATION AMOUNT	
8		Address ▶	Unit ▶	\$
	City ▶	Province ▶	Postal Code ▶	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email ▶	Telephone ▶ ()	PAID?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT ▶

- Please do not add online donations to this form. This form is for cash and/or cheque donations only.
- Cheques are payable to Lions Foundation of Canada.

TOTAL DONATIONS COLLECTED

\$

TOTAL DONATIONS OUTSTANDING

\$

Lions Foundation of Canada will issue a tax receipt for donations of \$20 or more.

INCENTIVES AND PRIZES WILL BE AWARDED BASED ON DONATION AMOUNT SUBMITTED ON THE DAY OF THE WALK