

# DONATION FORM A

## CHEQUE DONATIONS

**Participant's name** \_\_\_\_\_  
**School/Parish** \_\_\_\_\_

Tax receipts will be issued for donations of \$10 or more when \_\_\_\_\_

info is complete and legible.

THINKfast is a program of **Development and Peace**  
Tel: 1-800-494-1401

Please make cheques payable to: **Development and Peace**

PLEASE WRITE IN CAPITAL LETTERS

FIRST NAME 	LAST NAME 	ADDRESS 	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	CHEQUE NUMBER 	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME 	LAST NAME 	ADDRESS 	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	CHEQUE NUMBER 	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
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# DONATION FORM B

## CASH DONATIONS

PLEASE WRITE IN CAPITAL LETTERS

FIRST NAME 	LAST NAME 	ADDRESS 	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 		EMAIL ADDRESS           @						
FIRST NAME 	LAST NAME 	ADDRESS 	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 		EMAIL ADDRESS           @						
FIRST NAME 	LAST NAME 	ADDRESS 	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 		EMAIL ADDRESS           @						
FIRST NAME 	LAST NAME 	ADDRESS 	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 		EMAIL ADDRESS           @						
FIRST NAME 	LAST NAME 	ADDRESS 	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 		EMAIL ADDRESS           @						
FIRST NAME 	LAST NAME 	ADDRESS 	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 		EMAIL ADDRESS           @						