

DONATION FORM

Charitable registration
#BN 84821 5604 RR0001

MO BRO, MO SISTA OR TEAM NAME*

REGISTRATION NUMBER

*If it is a general donation (i.e. not to any specific Movember participant) please leave name & registration blank

INSTRUCTIONS

Please complete the form below. Mail the donation form and any cheques/money orders to:

**Movember Canada, 588 Richmond Street West
Toronto ON M5V 1Y9, Canada**

NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency.

PAYING ONLINE

If you would like to make an online donation, go to <https://ca.movember.com/donate>

If you are a participant and have received cash, simply login to your Mo Space <http://ca.movember.com/mospace> and click on "Submit Cash Donations" on the right hand side

PAYMENT METHOD

Cheque / Money Order

Please make cheques and money orders payable to **Movember Canada**.

TAX RECEIPT INFORMATION

Receipts will be automatically issued for donations of \$20 or more. For donations of less than \$20 receipts will be issued upon request. Donor's name and address must be complete and legible to receive a tax receipt.

ADDITIONAL INFORMATION

MAKING A TEAM DONATION?

If this is a team donation, would you like to split this gift evenly amongst all team members?

YES **NO**

DONOR DETAILS		PROVIDE A RECEIPT VIA	DATE OF DONATION DD/MM/YY	AMOUNT \$
A postal address is required to issue a receiptNB: If you select to receive a receipt via mail it may take 3-5 months to be issued				
1	DONOR'S FULL NAME	<input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> NOT REQUIRED	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$
	TELEPHONE			
	EMAIL ADDRESS			
	POSTAL ADDRESS			
2	DONOR'S FULL NAME	<input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> NOT REQUIRED	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$
	TELEPHONE			
	EMAIL ADDRESS			
	POSTAL ADDRESS			
3	DONOR'S FULL NAME	<input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> NOT REQUIRED	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$
	TELEPHONE			
	EMAIL ADDRESS			
	POSTAL ADDRESS			
4	DONOR'S FULL NAME	<input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> NOT REQUIRED	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$
	TELEPHONE			
	EMAIL ADDRESS			
	POSTAL ADDRESS			
5	DONOR'S FULL NAME	<input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> NOT REQUIRED	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$
	TELEPHONE			
	EMAIL ADDRESS			
	POSTAL ADDRESS			
If you are collecting donations from more than five donors, you can attach another donation form.				TOTAL DONATION \$