

DONATION FORM

MO BRO, MO SISTER 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, 119 Spadina Avenue
 PO Box 65, Toronto, ON M5T 2T2**

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.

DONOR DETAILS

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

| | | PROVIDE A RECEIPT VIA | DATE OF DONATION DD/MM/YY | AMOUNT \$ | |
|----------|-------------------|--|--|-----------------------|----|
| 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 | | | | |
| | | | | TOTAL DONATION | \$ |

If you are collecting donations from more than five donors, you can attach another donation form.