

**PROUD  
SUPPORTER**



**COMMUNITY EVENTS**  
**DONATION  
FORM**

Participant Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Bus: \_\_\_\_\_

Send this completed form with accompanying donations by mail to:  
ALS Canada, 393 University Avenue, Suite 1701, Toronto, ON M5G 1E6

Please print clearly on all sections of this form to ensure that donations are assigned to the correct person.

| <b>Donor Name</b> | <b>Donor Mailing Address<br/># Street, Rural Route, City, Province</b> | <b>Postal Code</b> | <b>Telephone/Email</b> | <b>Amount Received</b> | <b>Cash or Cheque</b> |
|-------------------|--|--------------------|------------------------|------------------------|-----------------------|
|                   |  |                    | T                      |                        |                       |
|                   |  |                    | E                      |                        |                       |
|                   |  |                    | T                      |                        |                       |
|                   |  |                    | E                      |                        |                       |
|                   |  |                    | T                      |                        |                       |
|                   |  |                    | E                      |                        |                       |
|                   |  |                    | T                      |                        |                       |
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|                   |  |                    | T                      |                        |                       |
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|                   |  |                    | E                      |                        |                       |
|                   |  |                    | T                      |                        |                       |
|                   |  |                    | E                      |                        |                       |

The information you provide will be used to provide tax receipts and to keep you informed of other events and fundraising opportunities in support of ALS Canada. If at anytime you wish to be removed from our list, simply contact us by phone at 1-800-267-4257.

- Please photocopy this form if you need extra copies
- Ensure cheques are payable to ALS Society of Canada
- Receipts will be issued for all donations of \$20 or more
- **Please do not include any online donations on this form**

**Total dollar amount** \_\_\_\_\_