

2008

Countryside Camp Official Donation Sheet



Your Name:		
Address:		
City:	Prov.:	Postal Code:
Telephone #: ()		
Group Name:		

- 1 Get Sponsors.
- 2 Print their complete name, address and phone #.
- 3 Collect the money.
- 4 Send all money and sheets to Countryside Camp by Oct. 31

1	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Mailing Address		
PLEASE PRINT		City	Province	Postal Code
\$	.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
2	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Mailing Address		
PLEASE PRINT		City	Province	Postal Code
\$	.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
3	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Mailing Address		
PLEASE PRINT		City	Province	Postal Code
\$	.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
4	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Mailing Address		
PLEASE PRINT		City	Province	Postal Code
\$	.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
5	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Mailing Address		
PLEASE PRINT		City	Province	Postal Code
\$	.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
6	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Mailing Address		
PLEASE PRINT		City	Province	Postal Code
\$	.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		

Turn Page Over for More Donations

7	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City Province Postal Code		
	\$.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
8	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City Province Postal Code		
	\$.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
9	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City Province Postal Code		
	\$.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
10	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City Province Postal Code		
	\$.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
11	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City Province Postal Code		
	\$.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
12	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City Province Postal Code		
	\$.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
13	Amount	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First Name	Last Name
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	Mailing Address		
	PLEASE PRINT	City Province Postal Code		
	\$.	Telephone # w/area code: <input type="checkbox"/> Donor requests a tax receipt		
Total		Please total the actual cash/cheques given to Countryside Camp. Cross off any donations not collected before sending this sheet.		
	\$.			
<p>If you're doing the Bike-a-thon on your own, send cheques and Donation Sheets to: Countryside Camp, 1985 Beke Rd. RR #4, Cambridge, ON N1R 5S5 519-623-4860 1-888-226-7722</p>				