

## **Event Donation Form**

Individual Name:				Phone:	Date:	
Event Name:				Email:		
Funds Raised By: Individual 🗖		Organization	Org.	Name (if applicable):		
Donor Name	Amount	Phone		Email	Received	*Receipt (y/n)
*Donations \$20 and over are eligible for a charitable tax receipt. Cheques payable to <b>Spinal Cord</b>	Total				Total Received	
Injury Saskatchewan.  **Tax receipts will be emailed. Please ensure accurate and legible email address						