

<b>DONATION FORM</b>	<b>METHOD OF PAYMENT</b>	<b>AMOUNT</b>	<b>PAID</b>	
	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> SQUARE <input type="checkbox"/>	\$	Y	N
	(    )			

NAME OF DONOR (This is what will be on the receipt)      TELEPHONE NUMBER      EVENT & PARTICIPANT NAME

ADDRESS      CITY      PROVINCE      POSTAL CODE

CREDIT CARD #      EXPIRY      CVC

EMAIL ADDRESS

SIGNATURE

YES, I WANT TO RECEIVE YOUR NEWSLETTER

\*\* A receipt for income tax purposes will be issued by Adult & Teen Challenge for donations of \$15 or more



**FREEDOM FROM ADDICTION STARTS HERE**

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