



Receipt Requests

Host Name: _____ Supporter ID: _____

Total value of receipts requested: \$ _____ Receipts cannot exceed amount raised at your event

Please note: *If donation was made online or via credit card donation slip please **DO NOT** fill in the details below.

*Please **PHOTOCOPY** this sheet if you require more receipts. Then complete and copy for your own reference before returning to Cancer Council.

*Donations of \$2.00 or more will receive tax-deductible receipts.

<p>Donation Amt: \$ _____ Please PRINT all details</p> <p>Method: Cash/Cheque/Money Order</p> <p>Full Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> I do not wish for Cancer Council to contact me.</p>	<p>Donation Amt: \$ _____ Please PRINT all details</p> <p>Method: Cash/Cheque/Money Order</p> <p>Full Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> I do not wish for Cancer Council to contact me.</p>
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