



Please use this form to record the names of those who have agreed to sponsor your participation with a cheque or cash donation. To obtain a receipt, complete contact information for each line item is required. Please make cheques payable to: St. Mary's General Hospital Foundation. Donations of \$20 or more will receive a tax receipt.

**Fundraising Event:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_  **YES, I give St. Mary's General Hospital Foundation permission to contact me via email**

First & Last Name (please print)	Address	City	Postal Code	Email Address	Email Tax Receipt?	Donation Amount	Amount Collected
<i>Example: Jane Doe</i>	<i>10 Anywhere Street</i>	<i>Anytown</i>	<i>P1P 1P1</i>	<i>janedoe@emailaddress.ca</i>	<i>Y/N</i>	<i>\$50.00</i>	<i>Y/N</i>
<b>TOTAL</b>							

### HELPFUL REMINDERS

Donations sent after the event should be mailed to St. Mary's General Hospital Foundation: 911 Queens Blvd., Kitchener, ON N2M 1B2

Let sponsors know receipts will be provided before December 31<sup>st</sup> for donations of \$20 or more.

Please make a copy of your sponsorship form(s) before submitting them. This will be helpful if follow-ups are needed.

Donations can be dropped off during event day or to the Foundation office ahead of time.

First & Last Name (please print)	Address	City	Postal Code	Email Address	Email Tax Receipt?	Donation Amount	Amount Collected
<b>TOTAL:</b>							