



Host: _____

Date: _____



Donor Information *Tax receipt to be issued to the contact listed below*

**indicates required information to issue tax receipt*

Donor Type	<input type="checkbox"/> Individual <input type="checkbox"/> Business
*Donor Name	
*Company Name (if applicable)	
*Address	
*City, Province	
*Postal Code	
Phone	
*Email	

Donation Information *Complete this section for any Cash, Cheque, or Credit Card donations*

Payment Method <i>(Please make cheques payable to Ronald McDonald House BC)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx
Card Number	
Expiry Date	
CCV (3-digit number on back of card)	
Name on Card	
Donation Amount	\$



Host: _____

Date: _____



Donor Information *Tax receipt to be issued to the contact listed below*

**indicates required information to issue tax receipt*

Donor Type	<input type="checkbox"/> Individual <input type="checkbox"/> Business
*Donor Name	
*Company Name (if applicable)	
*Address	
*City, Province	
*Postal Code	
Phone	
*Email	

Donation Information *Complete this section for any Cash, Cheque, or Credit Card donations*

Payment Method <i>(Please make cheques payable to Ronald McDonald House BC)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx
Card Number	
Expiry Date	
CCV (3-digit number on back of card)	
Name on Card	
Donation Amount	\$