



# THE RUNNING DEAD

DONATION FORM  
 Saturday, October 29, 2016  
 www.fsacc.ca  
 bit.ly/therunningdead

**Important:**

1. Print clearly.
2. Make cheques payable to  
**FREDERICTON SEXUAL ASSAULT CRISIS CENTRE**
3. Check box if an official tax receipt is to be issued.
4. Sign pledge sheet.

**Participant Information - Please complete name and address on each donation sheet.**

updated 12Mar2016

First Name	Middle Initial:	Address	Phone
Last Name		City	
Email		Prov	Postal Code

**Donation Information - Name and address MUST be complete and legible to receive a tax receipt (Registered Charity #: 107405284RR0001).**

Mr. Mrs. Ms. Dr.	Address	Amount
First Name Middle Initial:		<input type="checkbox"/> Cash
Last Name	City	<input type="checkbox"/> Cheque
Phone	Prov Postal Code	<input type="checkbox"/> Receipt Requested
		\$
Mr. Mrs. Ms. Dr.	Address	Amount
First Name Middle Initial:		<input type="checkbox"/> Cash
Last Name	City	<input type="checkbox"/> Cheque
Phone	Prov Postal Code	<input type="checkbox"/> Receipt Requested
		\$
Mr. Mrs. Ms. Dr.	Address	Amount
First Name Middle Initial:		<input type="checkbox"/> Cash
Last Name	City	<input type="checkbox"/> Cheque
Phone	Prov Postal Code	<input type="checkbox"/> Receipt Requested
		\$
Mr. Mrs. Ms. Dr.	Address	Amount
First Name Middle Initial:		<input type="checkbox"/> Cash
Last Name	City	<input type="checkbox"/> Cheque
Phone	Prov Postal Code	<input type="checkbox"/> Receipt Requested
		\$
Mr. Mrs. Ms. Dr.	Address	Amount
First Name Middle Initial:		<input type="checkbox"/> Cash
Last Name	City	<input type="checkbox"/> Cheque
Phone	Prov Postal Code	<input type="checkbox"/> Receipt Requested
		\$
Mr. Mrs. Ms. Dr.	Address	Amount
First Name Middle Initial:		<input type="checkbox"/> Cash
Last Name	City	<input type="checkbox"/> Cheque
Phone	Prov Postal Code	<input type="checkbox"/> Receipt Requested
		\$

**Official TAX RECEIPTS will ONLY be issued upon request for amounts more than \$10.00.**

**The donor's full name, including middle initial, complete address, including postal code MUST BE LEGIBLE.**

I understand that the funds I raise will be used to support the mission of the Fredericton Sexual Assault Centre.

\_\_\_\_\_  
 Signature of Participant (or Guardian if participant is under 19 years of age)

FSAC collects the personal information requested on this form for the purpose of disclosing and using it for follow-up contact, statistical purposes and to process and recognize donations. Information will be disclosed to employees and agents of FSAC as necessary to accomplish these purposes. If you do not wish to be identified, please enter "Anonymous".

Tax receipts can not be issued to anonymous donors. If you have any questions, please contact our office at (506) 454-0460.

<b>FOR FSAC USE ONLY</b>			
Cash Amount Total	\$	<input type="checkbox"/>	Verified
Chequed Amount Total	\$	<input type="checkbox"/>	Verified
Total Donations	\$	<input type="checkbox"/>	Verified
FSAC member signature: _____			