



# THE RUNNING DEAD

## DONATION FORM

Saturday, October 27, 2018

www.fsacc.ca

http://bit.ly/RunningDead2018

**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 _____	Prov _____	Postal Code _____
Email _____			

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

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