



# 2020 Easter Seals Drop Zone Toronto Presented by Choice Properties REIT



Helping Kids with  
Physical Disabilities  
Succeed

## OFFLINE DONATION FORM

FOR ACCOUNTING USE ONLY

Online Fundraising	Offline Fundraising	Total Fundraising
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### Participant Information:

Please print clearly. \*Denotes mandatory information

*First Name		*Last Name	
*Address		*City/Province	*Postal Code
*Telephone Number	*Email Address		

### Donor Information:

Tax receipts will be issued for donations of \$20.00 or more. A tax receipt cannot be issued if donor information is incomplete or illegible.

Please make all cheques payable to Easter Seals Ontario

First Name	Last Name	Donation Amount	Paid <input type="checkbox"/>
Address		City/Province	Postal Code
Telephone Number	Email Address	Tax Receipt Required <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> E-RECEIPT	

First Name	Last Name	Donation Amount	Paid <input type="checkbox"/>
Address		City/Province	Postal Code
Telephone Number	Email Address	Tax Receipt Required <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> E-RECEIPT	

First Name	Last Name	Donation Amount	Paid <input type="checkbox"/>
Address		City/Province	Postal Code
Telephone Number	Email Address	Tax Receipt Required <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> E-RECEIPT	

First Name	Last Name	Donation Amount	Paid <input type="checkbox"/>
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Telephone Number	Email Address	Tax Receipt Required <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> E-RECEIPT	

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Address		City/Province	Postal Code
Telephone Number	Email Address	Tax Receipt Required <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> E-RECEIPT	

**Please submit all cash and cheque donations, along with your completed Offline Donation Form on or before the event day. Please keep the Easter Seals Drop Zone Toronto staff aware of your offline fundraising total in order to avoid registration cancellation.**

DONATION FORM # \_\_\_\_\_ of \_\_\_\_\_