Thank you for fundraising for the David Suzuki Foundation. Please print as many donation forms as needed and return with any cheques (payable to The David Suzuki Foundation). Put all donations and forms together in an envelope and mail to:

David Suzuki Foundation  
Attention: Community giving  
219-2211 West 4th Avenue  
Vancouver, B.C. V6K 4S2

IMPORTANT: Do not send cash in the mail. Tally the cash and either submit a cheque payable to the David Suzuki Foundation for the total or submit a donation for the entire amount by credit card using the reverse of this form.

TAX RECEIPT INFORMATION: Donations of $5 or more will receive a tax receipt via mail. Tax receipts will only be issued if the donation qualifies under CRA regulations. If a donor receives any benefits or materials goods, we are unable to issue a tax receipt through our community fundraising program. The David Suzuki Foundation is committed to maintaining your trust and confidence. For more information, please visit www.davidsuzuki.org/privacy.

Canadian charitable number BN12775 6716 RR0001 | United States charitable number 94-320404

Fundraiser Information:

Your full name or name of organization: _______________________________________________________________________________________

Street address: ___________________________________________________________________________________________________________

City: ____________________________________________ Province: __________ Postal code: _______________________

Phone: __________________________ Email: _______________________________________________________

Event location: __________________________________ Date of fundraiser: _____________________________

Brief description of fundraiser (how you raised these funds): _______________________________________________________________________
________________________________________________________________________________________________________________________

Donation Information:

1. Donation amount: $ _______ Donation method: □ Cash □ Cheque □ TAX RECEIPT REQUESTED

First name: __________________________________ Middle initial: ______ Last name: __________________________________________

Street address: __________________________________________________________________________________________________________

City: __________________________________ Province: __________ Postal code: __________________________

Phone: __________________________ Email: _______________________________________________________

Signature: __________________________ Date: __________________________
2. Donation amount: $_________  Donation method:  □ Cash  □ Cheque  □ TAX RECEIPT REQUESTED
First name: ___________________________________  Middle initial: _______  Last name: __________________________________________
Street address: ______________________________________________________________________________________
City: ___________________________________  Province: _____________  Postal code: ______________________
Phone: ________________________________  Email: ______________________________________________________
Signature: ____________________________________________  Date: _______________________________

3. Donation amount: $_________  Donation method:  □ Cash  □ Cheque  □ TAX RECEIPT REQUESTED
First name: ___________________________________  Middle initial: _______  Last name: __________________________________________
Street address: ______________________________________________________________________________________
City: ___________________________________  Province: _____________  Postal code: ______________________
Phone: ________________________________  Email: ______________________________________________________
Signature: ____________________________________________  Date: _______________________________

4. Donation amount: $_________  Donation method:  □ Cash  □ Cheque  □ TAX RECEIPT REQUESTED
First name: ___________________________________  Middle initial: _______  Last name: __________________________________________
Street address: ______________________________________________________________________________________
City: ___________________________________  Province: _____________  Postal code: ______________________
Phone: ________________________________  Email: ______________________________________________________
Signature: ____________________________________________  Date: _______________________________

Additional funds
not requiring a receipt (e.g., coin boxes)  $___________  TOTAL FUNDS COLLECTED  $___________

IMPORTANT: Tally all cash collected and submit by credit card or cheque payable to the David Suzuki Foundation:

Amount of total cash collected: $___________  Is this a collection of cash from several people?  □ Yes  □ No
Submitting by:  □ Visa  □ MasterCard  □ American Express  □ Cheque
CREDIT CARD NUMBER ____________________________________  EXPIRY DATE ____________  SIGNATURE ______________________

Thank you for your support!