



# David Suzuki Foundation

## Community fundraising donation collection form

**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**  
**340-1122 Mainland St**  
**Vancouver, BC V6B 5L1**

**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](http://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!*