



Donation Tracking Form

Event Site: _____

Participant's Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Daytime Phone: _____ Home Work

Email Address: _____

I give the MS Society of Canada permission to contact me by email.

Please list ONLY cash and cheque donations here. To make a donation by credit card, please visit our secure site at msgolf.ca or call 1-800-268-7582 • Official tax receipts will be automatically issued for donations of \$20 and over with a valid postal address. If your donor provides an email address, we will send their tax receipt by email • We require a complete and valid postal address in order to issue a tax receipt, even if an email address has been provided.

| | Amount Pledged | | Payment Method | | Paid |
|---|--|--|--|---------------------------------|------------------------------|
| | \$ | | | | |
| 1 | FIRST NAME (Please print above line) LAST NAME EMAIL | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 | <input type="checkbox"/> CASH | <input type="checkbox"/> YES |
| | APT # STREET ADDRESS CITY PROV POSTAL CODE | | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 | <input type="checkbox"/> CHEQUE | <input type="checkbox"/> NO |
| | | | OR | | |
| | | | \$ _____ | | |
| 2 | FIRST NAME (Please print above line) LAST NAME EMAIL | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 | <input type="checkbox"/> CASH | <input type="checkbox"/> YES |
| | APT # STREET ADDRESS CITY PROV POSTAL CODE | | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 | <input type="checkbox"/> CHEQUE | <input type="checkbox"/> NO |
| | | | OR | | |
| | | | \$ _____ | | |
| 3 | FIRST NAME (Please print above line) LAST NAME EMAIL | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 | <input type="checkbox"/> CASH | <input type="checkbox"/> YES |
| | APT # STREET ADDRESS CITY PROV POSTAL CODE | | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 | <input type="checkbox"/> CHEQUE | <input type="checkbox"/> NO |
| | | | OR | | |
| | | | \$ _____ | | |
| 4 | FIRST NAME (Please print above line) LAST NAME EMAIL | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 | <input type="checkbox"/> CASH | <input type="checkbox"/> YES |
| | APT # STREET ADDRESS CITY PROV POSTAL CODE | | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 | <input type="checkbox"/> CHEQUE | <input type="checkbox"/> NO |
| | | | OR | | |
| | | | \$ _____ | | |
| 5 | FIRST NAME (Please print above line) LAST NAME EMAIL | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 | <input type="checkbox"/> CASH | <input type="checkbox"/> YES |
| | APT # STREET ADDRESS CITY PROV POSTAL CODE | | <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 | <input type="checkbox"/> CHEQUE | <input type="checkbox"/> NO |
| | | | OR | | |
| | | | \$ _____ | | |

You can return this form with ALL your monies to:

MS SOCIETY – MS Golf Calgary
Suite 150
110 Quarry Park Boulevard Southeast
Calgary, Alberta
T2C 3G3

OR at the MS Golf Calgary morning registration table!

I understand that the funds I raise will be used to support the mission of the Multiple Sclerosis Society of Canada.

| | |
|-------------|----------|
| Sheet Total | |
| Submitted: | \$ _____ |

Signature of Participant (or Parent/Guardian if under 18 years of age)

The Multiple Sclerosis Society of Canada is a member of Imagine Canada. As a participant or volunteer in one of our events, we ask that you adhere to Imagine Canada's ethical code as outlined by the MS Society's statement, "The Ethical Code: Partnering with Fundraisers and Volunteers" at mssociety.ca/financial

The MS Society collects the personal information requested on this form for the purpose of communicating to you information about the MS Society and its fundraising activities. By completing this form, you hereby consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. If you have any questions about your personal information, please contact our Privacy Officer at 1-800-268-7582. A copy of our privacy policy may be obtained at any MS Society at any MS Society office or at mssociety.ca

