



BELLEROSE BIKEATHON
BCHS
COMPOSITE HIGH SCHOOL

Kids with 
Cancer Society

**DONATION
FORM 2024**

Participant Name: _____

Address: _____

Email: _____

P: _____

*Tax Receipts can only be issued when **COMPLETE ADDRESS** is provided.

			Pledge Amount	Paid by	Tax Receipt Option
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			
Name:	Address:	P:		<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> None
	City: PC:	Email:			

TOTAL AMOUNT
COLLECTED

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VERIFIED _____

_____ of _____

Charitable Registration #88640-1397RR0001

* Tax receipts will be issued for pledges of **\$20 and over.**

* Tax Receipts can only be issued when the **COMPLETE ADDRESS** is provided.

Please make cheques payable to:

KIDS WITH CANCER SOCIETY

11135 – 84 Avenue NW, Edmonton, AB T6G 0V9

P. 780.496.2459 F. 780.496.2451 kidswithcancer.ca