







Participant Name:	Ph	one #:	City:	Prov:
Address:	Postal Code	: Email: _		
Dro	coods from this fundraisar will be used to sunn	ort noonlo with disabilit	tios allowing them to att	and cummar

Proceeds from this fundraiser will be used to support people with disabilities, allowing them to attend summer camp at Camp Health, Hope & Happiness. Tax receipts available for donations greater than \$20,

Sent to Camp	AMOUNT	Payment Method	Tax Receipt Requested	<b>DONOR INFORMATION</b> *If we can't read it, we can't receipt it.* Make cheques payable to Camp He Ho Ha.
¥Funds ¥Pledge Info	\$\frac{\mathbf{EXAM}}{\squad \text{Make this a}} \text{monthly gift}	PLE	✓ Yes (Must complete mailing address and e-mail)	Name: Jane Example Smith  Address: 123 Your Street  Example City: Your City Prov: AB  Email: janesmith@example.com  (Your email address is used to send a tax receipt, saving Camp He Ho Ha the cost of generating and mailing a receipt)  Please print neatly.
□ Funds □ Pledge Info	\$Make this a monthly gift	□Cash □Cheque	☐ Yes (Must complete mailing address and e-mail) ☐ No	Name: Phone #: Prov: Email: Postal Code: Prov:
□ Funds □ Pledge Info	\$ Make this a monthly gift	□Cash □Cheque	☐ Yes (Must complete mailing address and e-mail) ☐ No	Name: Phone #: Address: City: Prov:  Email: Postal Code:  (Your email address is used to send a tax receipt, saving Camp He Ho Ha the cost of generating and mailing a receipt)  Please print neatly.
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Total		Box 182,	Seba Beach, AB	, TOE 2B0   (780) 429-3277   Charitable Registration Number: 11882 7229 RR0001 Page of

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