



**2010 SCOTIABANK TORONTO WATERFRONT
MARATHON, HALF-MARATHON & 5K RUN/WALK/WHEELCHAIR**

DONATION COLLECTION FORM

Full Name: _____

Charity & Team Name: TEAM FOOTPRINTS

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

DONATION COLLECTOR INFORMATION

Donor Name <i>(Please print clearly)</i>	Address City, Province	Postal Code	Phone #	Donation \$	PAID Cash or cheque	Receipt Requested (for donations of \$15 or more)
Total Collected:					\$	

1. Please make cheque payable to FOOTPRINTS.
2. All donation forms and pledges should be forwarded directly to the TEAM FOOTPRINTS Administrator: Heather Johnson.
3. Charitable Donation Receipts will be issued by the charity.