

Fundraising Form: Riders, Runners & Walkers

Thank you for your commitment and enthusiasm in helping to eliminate heart disease and stroke in Canada. In addition to your offline fundraising summarized below, you can easily fundraise online once you have registered at rideforheart.ca. Information must be completed in full and in a legible manner. Tax receipts will automatically be issued for donations over \$20. To receive a tax receipt for a donation less than \$20 please check (✓) on form. A tax receipt may be issued for any self donation made. Receipting practices may change if Canada Revenue Agency guidelines change.

Photocopy as required for additional sponsors.



FUNDRAISE TO CREATE MORE SURVIVORS: EACH PARTICIPANT (AGE 18+) MUST RAISE A \$100 MINIMUM BY EVENT DAY IN ADDITION TO THE REGISTRATION FEE IN ORDER TO PARTICIPATE.

Last Name _____ First Name _____
 Address _____ Apt./Suite # _____
 City/Town _____ Province _____ Postal Code _____
 Team Name (if applicable) _____
 Phone number _____ - _____ - _____ Ext. _____ Email _____

THIS FORM IS FOR SUBMITTING OFFLINE FUNDRAISING MONEY ONLY.

The Heart and Stroke Foundation recognizes those who donate \$1,000+ in its Report to Donors. Any \$1,000+ donors who wish to be recognized in the Report to Donors, please check-off the **\$1,000+ RECOGNITION REQUESTED** column alongside your sponsor information in the table below. *Please note: your name will appear exactly as printed in the SPONSOR'S NAME column. Any offline donations received at the check-in centre or on Ride day will not be added to your online fundraising page, but will count towards your fundraising total and prizes. Please do not reference any online fundraising in the totals below!*

SPONSOR'S NAME (PLEASE PRINT CLEARLY)	EMAIL ADDRESS	ADDRESS	CITY/ TOWN	POSTAL CODE	\$ COLLECTED	\$1,000+ RECOGNITION REQUESTED (✓)	TAX RECEIPT (✓)

Additional funds – coin box, team fundraising, donations not requiring a receipt: \$ _____	Total offline fundraising money being submitted today: \$ _____	Pg _____ of _____
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CREDIT CARD PAYMENT Visa MasterCard American Express

Cardholder Name _____

Card Number - - -

Expiry Date: Month Year

Cardholder Signature _____

PAYMENT OPTION TOTALS

\$ _____ CASH

\$ _____ CHEQUE

\$ _____ CREDIT CARD

I would prefer to donate my incentive gifts back to the Heart and Stroke Foundation

FOR OFFICE USE ONLY PLEASE CHECK OFF (✓) SHIRT THAT WAS GIVEN TO THE PARTICIPANT:

VIP cycling jersey: \$1,000 – \$2,499 in fundraising VIP cycling jersey: \$2,500+ in fundraising

VIP run/walk shirt: \$1,000 – \$2,499 in fundraising VIP run/walk shirt: \$2,500+ in fundraising

PLEASE CHECK OFF (✓) LOCATION THAT FORM WAS SUBMITTED:

HSF Area Office: _____ Check-in Centre Ride Day

PLEASE MAKE CHEQUES PAYABLE TO:
 Heart and Stroke Foundation
 (Do not send cash in the mail.)

SUBMIT PLEDGES TO: Manulife Heart& Stroke
 Ride for Heart, Box 1227, Station K,
 2708 Yonge Street, Toronto, ON M4P 2E0