



Donation Form

Date: _____

Name: _____

Phone: _____

Address: _____

PCode: _____

City/Town: _____

Email: _____

Amount of donation: _____

Payment:

Cash: _____ Cheque: _____ Credit Card: _____

Card Number: _____

Expiry Date: _____

Name of Card Holder: _____

Signature of donor: _____

Issue Tax Receipt: (For Minimum Donations of \$20.00 or more)

Yes _____ No _____

Other Notes: _____

For office use only:

Deposit to account: _____

Donation received by: _____

Phone Ext: _____

Authorization Number: _____

Please send completed form to:

KidSport™ Saskatchewan
1870 Lorne St.
Regina, Saskatchewan
S4P 2L7

Phone: (306) 780-9345
Fax : (306) 781-6021
Email: kidsport@sasksport.sk.ca