Scotiabank Vancouver Half-Marathon & 5k
Scotiabank Group Charity Challenge
Donation Collection Form - **CNIB**

Full Name: _____

Address: _____City: _____ Postal Code: _____

Phone: _____ Fax: _____ Email (optional): _____

Individual donors, pledge collection information: **please print clearly** Charitable Registration Number: 119219459 RR0003

Donor Name	Mailing Address	City, Province	Postal Code	Phone Number	Donation amount	Method of Payment

TOTAL Collected: _____

Please make cheques payable to CNIB. Tax receipts will be issued for donations of $20 or more, unless otherwise requested.