Scotiabank Vancouver Half-Marathon & 5k

Donation Collection Form

Full Name:

Address:

City, Province: Postal Code:

Phone: Fax:

Email:

Charity:

Individual donors, pledge collection information (please print clearly)

Donor Name	Address	City, Prov	Postal Code	Phone #	Donation	Paid, Cash or Cheque	Receipt Requested
				Total Collected: $			

Please return completed forms and monies to External Relations, Vancouver Aquarium.