



# Tax Receipt Request Form

## FOR CASH OR CHEQUE DONATIONS ONLY

Do not include online donations, an electronic tax receipt is automatically issued at time of donation.

Please note: Tax receipts cannot be issued for sweepstake entry purchases.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please print clearly.**

Name: _____	Money Collected?	Yes / No
Home Address: _____		
City: _____ Postal Code: _____		
Telephone: _____ Email: _____		
Donation Amount: \$ _____ Cash/Cheque (Please circle)		
Please do not contact me via (check all that apply): <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone		

Name: _____	Money Collected?	Yes / No
Home Address: _____		
City: _____ Postal Code: _____		
Telephone: _____ Email: _____		
Donation Amount: \$ _____ Cash/Cheque (Please circle)		
Please do not contact me via (check all that apply): <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone		

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Name: _____	Money Collected?	Yes / No
Home Address: _____		
City: _____ Postal Code: _____		
Telephone: _____ Email: _____		
Donation Amount: \$ _____ Cash/Cheque (Please circle)		
Please do not contact me via (check all that apply): <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone		

**Return this form with your donations to:**

**Second Harvest  
18-1450 Lodestar Rd  
Toronto, ON M3J 3C1**

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CHARITABLE REGISTRATION NUMBER 13386 5477 RR0001