



OFFLINE DONATION FORM

Please print clearly. Complete information (including donor name, address, postal code and phone number) is required for tax receipt purposes. **Tax receipts are sent electronically and will be issued for donations of \$25 or more.**

PARTICIPANT INFORMATION

NAME: _____

EMAIL: _____ TOURNAMENT CITY: _____

TELEPHONE: _____ TEAM NAME: _____

DONOR INFORMATION				AMOUNT
1	NAME: _____	TELEPHONE: _____	EMAIL ADDRESS: _____	\$ _____
	ADDRESS (SUITE/APT): _____	CITY: _____	PROVINCE: _____ POSTAL CODE: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
2	NAME: _____	TELEPHONE: _____	EMAIL ADDRESS: _____	\$ _____
	ADDRESS (SUITE/APT): _____	CITY: _____	PROVINCE: _____ POSTAL CODE: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
3	NAME: _____	TELEPHONE: _____	EMAIL ADDRESS: _____	\$ _____
	ADDRESS (SUITE/APT): _____	CITY: _____	PROVINCE: _____ POSTAL CODE: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
4	NAME: _____	TELEPHONE: _____	EMAIL ADDRESS: _____	\$ _____
	ADDRESS (SUITE/APT): _____	CITY: _____	PROVINCE: _____ POSTAL CODE: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
5	NAME: _____	TELEPHONE: _____	EMAIL ADDRESS: _____	\$ _____
	ADDRESS (SUITE/APT): _____	CITY: _____	PROVINCE: _____ POSTAL CODE: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
6	NAME: _____	TELEPHONE: _____	EMAIL ADDRESS: _____	\$ _____
	ADDRESS (SUITE/APT): _____	CITY: _____	PROVINCE: _____ POSTAL CODE: _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
				PAGE TOTAL \$ _____

PRIVACY POLICY: Hockey Helps the Homeless appreciates the support of our generous donors, players, and volunteers to end homelessness across Canada. The personal information requested on this form is collected to process donations, issue tax receipts, and send communications about the impact of your support. By completing this form, you hereby consent to the collection, use, and disclosure by Hockey Helps the Homeless of your personal information in accordance with the Hockey Helps the Homeless privacy policy. A copy of the privacy policy can be viewed at anytime on hthh.com. For more information, contact support@hthh.com.

CHARITABLE NUMBER: 865580146 RR0001

Please make all cheques payable to Hockey Helps the Homeless and mail to **Hockey Helps the Homeless, 44 East Beaver Creek, Unit 4, Richmond Hill, ON L4B 1G8.**

For credit card donations please call **905-943-4250** or email **support@hthh.com** for more information.

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To track more sponsors and donations, please print off additional pledge forms.



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DONOR INFORMATION			AMOUNT
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3	NAME: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ADDRESS (SUITE/APT): _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____		\$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
4	NAME: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ADDRESS (SUITE/APT): _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____		\$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
5	NAME: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ADDRESS (SUITE/APT): _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____		\$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
6	NAME: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ADDRESS (SUITE/APT): _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____		\$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
7	NAME: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ADDRESS (SUITE/APT): _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____		\$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
8	NAME: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ADDRESS (SUITE/APT): _____ CITY: _____ PROVINCE: _____ POSTAL CODE: _____		\$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
PAGE TOTAL			\$ _____

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