



Ben Stelter Foundation Donation Tracking Form



Event: _____ Date: _____

Participant Name: _____

Telephone: _____

Email: _____

- Please print clearly and complete all fields.
- Cheques must be made payable to Ben Stelter Foundation.
- Tax Receipts issued for \$25 or more or upon request.

	First Name	Last Name	Mailing Address (City, Province)	Postal Code	Telephone	Donation Amount (\$)	Cash / Cheque	Tax Receipt Required (Y/N)
1								
2								
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15								

BEN STELTER FOUNDATION

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