



DONATION COLLECTION FORM

Event: _____ Donations Collected By: _____

Project Supported: _____

Title	Name	Full Mailing Address	E-Mail	Phone	Donation Date	Donation Amount

Proceeds from this event will benefit:

Canadian Physicians for Aid and Relief (CPAR) 1425 Bloor St. W. Toronto, ON M6P 3L6
Tel: (416) 369-0865 X 31 Fax: (416) 369-0294 www.cpar.ca
Charitable Organization # 118835230 RR00001