



## **Cash and Cheque Donation Form**

I would like to sponsor: (Name of Rider	)		
Who is participating in: (Event City)			
Donation Amount: \$	☐ Cheque (Make payable to Ride for Sight)		
	☐ Cash (do not ma	ail cash)	
Donor Information:			
First Name:	Last Name:		
Company: (for donations from an organ	nization)		
Address:			
City:	Prov	Postal Code:	
Email:			
Phone: (	)		
<ul> <li>I consent to have my name display</li> <li>I consent to have my donation am</li> </ul>	· · · · · · · · · · · · · · · · · · ·		

Donations over \$20 with complete donor information will receive a tax receipt.

By providing your email address you will receive a tax receipt by email.

If you do not provide an email you will receive a tax receipt by mail after the event is complete.

Please attach payment to this form and send to:
Fighting Blindness Canada
Attention: Ride for Sight
890 Yonge Street, 12th Floor
Toronto, Ontario M4W 3P4

## Thank you for your generous support!

Donations raised are given directly to Fighting Blindness Canada, the leading charity funding vision research to find treatments and cures for blindness in the country. To learn more about how your donation is making a difference, please visit **fightingblindness.ca**.