



BOXING CANADA DONATION FORM

Please send this form with your donations

Please find enclosed a cheque for \$_____ payable to:

Boxing Canada

C/O Canadian Olympic Committee
500 Boul. René-Lévesque Ouest
Montréal, QC
H2Z 1W7
1-514-861-1319 (tel)
1-514-819-9228 (fax)

I would like my donation to support:

_____ (Athlete's Name) _____ (CAN \$)

Donation receipt required:

- Yes
- No

(PLEASE PRINT)

Donor's name: _____

Address: _____

Signature: _____ Date: _____

*A friendly reminder! Donations must be received at Boxing Canada Office no later than December 20th in order to receive a tax receipt for that year.

