ACOUSTIC NEUROMA ASSOCIATION OF CANADA



#WalkForANAC One Unified Vision #WorldThatUnderstandsANs



OFFLINE DONATION FORM 5th Annual Virtual Walk, October 5 – 12, 2024

| Individual or | | | My Personal | \$ | |
|------------------|------------------|-----------|-------------|---------------|--------------|
| Team Name | | | Goal: | | |
| Participant | First Name | Last Name | | Email Address | |
| Contact | | | | | |
| Information | Street or PO Box | City | Province | Postal Code | Phone Number |
| | | | | | |

Offline donations will be added to our online fundraising campaign as a virtual POS (Point of Sale) and will contribute to our overall fundraising goal!

We do not accept cash donations. Any cash donations collected should be cumulated into one single **cheque** made payable to: **Acoustic Neuroma Association of Canada**. Please mail all cheque donations, along with a copy of this Offline Donation Form, to our address below.

*All donations are eligible for a charitable giving tax receipt. Unless otherwise indicated, receipts will be sent electronically. Please fill out all required fields and make sure the information is legible so we can send you your receipt.



Prefer to donate online? Scan the QR code or visit www.anac-givecloud.ca/2024virtualwalk

| First Name | Last Name | Email Address | Street or PO Box | City | Prov | Postal Code | Donation Amount \$CAD | Send my tax receipt by lettermail* |
|----------------|-----------|---------------------|---------------------|---------|------|----------------|-----------------------------|--|
| (Example) Iris | Williams | example@example.com | 1234 Green Acres St | Anytown | AB | 1A2 B3C | \$50.00 | √ |
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| First Name | Last Name | Email Address | Street or PO Box | City | Prov | Postal Code | Donation Amount \$CAD | Send my tax receipt by lettermail* |
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| Total Amount Fundraised (\$CAD) | | | | | | \$ | | |





Acoustic Neuroma Association of Canada P.O. Box 1005 B-7 Pleasant Blvd Toronto, ON M4T 1K2