



Credit Card Donation Form

Name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Donation Towards – Participant: _____ Event: _____ Year: _____

Donation Amount: _____

Please Note: All donations of \$15.00 or more will receive a tax receipt by mail

Card Type: ▪VISA ▪Mastercard ▪AMEX

Cardholder's Name: _____ Expiry Date (MM/YYYY): ____ / ____

CARD Number: _____ Signature: _____

Please include all donation information except the credit card number on an Official Team Diabetes Pledge Form as this form will be destroyed.



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