



COLLINGWOOD • BEAVER VALLEY

Participant Offline Donation Summary Form

Ride Location: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

- A) Total Amount of Cheques Submitted: _____
- B) Total Amount of Cash Submitted: _____
- C) Total Cheques + Cash Submitted (Sum of Lines A + B): _____

- I have provided the full name, address, email, and phone number for the donations listed on the pledge form(s) I am submitting today.
- I have reviewed the information on this form and confirm that the totals match what I am submitting on my pledge form(s).

Participant Signature

Date

Privacy Statement

Growling Beaver Brevet and Parkinson Canada collect personal information to communicate with supporters about initiatives and fundraising. By providing your information, you give consent to be contacted. For a copy of our privacy policy, please contact us by email at growlingbeaver@parkinson.ca or call 1-888-664-1973.