

TAX RECEIPT

You **must** fill out this form if you wish to receive a tax receipt.

All payments must still be made online at

<https://www.schoolcashonline.com>.

NUTRITION PROGRAM DONATION FORM

Student's Name:	_____
Teacher's Name:	_____
Donation amount: \$	_____ <input type="checkbox"/> Online payment made
Please fill in all the fields below to ensure tax receipt is processed and mailed to you.	
Donor's (Parent/Guardian) Name	
First Name:	_____ Last Name: _____
Address:	_____ Apt. #: _____
City:	_____ Postal Code: _____
Email (optional):	_____
Phone(optional):	_____

100% of your donation will go directly back to your school's nutrition program.

Thank you for supporting our school's nutrition program!

Return This Form To:

For School use	
School: <u>Seventh St. Jr. S.</u>	Email: <u>Jacqueline.Pendyk@tdsb.on.ca</u>
Contact: <u>Jacqueline Pendyk</u>	Phone: <u>416-394-7820</u>

17/08/2016