



WING DING WING CHALLENGE

All proceeds go to providing supports and services to those in need in our community.



PARTICIPANT INFORMATION

Name: _____

Address: _____ City: _____

Prov: _____ Postal code: _____ Phone: _____

Email: _____

DONOR INFORMATION

Name: _____

Address: _____ City: _____

Prov: _____ Postal code: _____ Phone: _____

Email: _____

AMOUNT

\$ _____

cash* cheque

Name: _____

Address: _____ City: _____

Prov: _____ Postal code: _____ Phone: _____

Email: _____

AMOUNT

\$ _____

cash* cheque

Name: _____

Address: _____ City: _____

Prov: _____ Postal code: _____ Phone: _____

Email: _____

AMOUNT

\$ _____

cash* cheque

Name: _____

Address: _____ City: _____

Prov: _____ Postal code: _____ Phone: _____

Email: _____

AMOUNT

\$ _____

cash* cheque

Please provide all information to receive a tax receipt.

Please remember to bring this form with all cash and cheques to the challenge on June 25, 2022