

2025 DONATION FORM



PADDLE BATTLE
for Mental Health

1 MY CONTACT INFORMATION *Required Field

Ms. Mrs. Mr. Dr.

First Name*: _____ Initial(s): _____ Last Name*: _____

Home Address*: _____

City*: _____ Province*: _____ Postal Code*: _____

Phone: _____ Email*: _____

2 MY DONATION Please write the name of the team you are sponsoring

TEAM NAME: _____

. DIRECT my donation to be divided equally between the 4 below: \$ _____

Or select below:

. Canadian Mental Health Association (Ontario) \$ _____

. Kids Help Phone \$ _____

. Jack.org \$ _____

. Luso Canadian Charitable Society \$ _____

3 MY DONATION METHOD

CREDIT CARD

Visa Master Card

Card # _____

Name on Card: _____

Expiry ____ / ____ CVV: _____

TAX RECEIPTS 2025

Receive receipt via email:
If you have selected email, please ensure
it is provided in section

Send receipt via mail:

Receipts only over \$25

MY TOTAL CONTRIBUTION: \$ _____
(Should be the same as section 2)

4 SIGN AND DATE *Required Field

Please email this form to: donations@paddlebattle.ca

Date: ____ / ____ / ____

Please authorize your donation by signing*: _____

DONOR PRIVACY – Paddle Battle for Mental Health complies with the Association of Fundraising Professionals' Donor Bill of Rights and is committed to protecting the privacy of your personal information. The information you provide is used to assist in the administration and acknowledgement of your gift, to issue tax receipts, and to fulfill your information questions. We do not release donor names unless requested by the donor.