

HAND IN THIS FORM!

FAMILY SUMMARY FORM

Please return this form with all cheques made out to
"Pickering Christian School" by Monday, October 23rd.

Child's Name	Grade	Amount Raised
1.		
2.		
3.		
TOTAL		

TAX RECEIPT REQUEST FORM

(\$20 donations or more)

Family Name: _____

*Revenue Canada requires complete addresses for all tax receipts issued.
Please print name and address clearly below.*

Amount	Full Name & Address (Please include Miss, Mrs., Ms., Mr.)
1	
2	
3	
4	

Family Name: _____

Amount	Full Name & Address (Please include Miss, Mrs., Ms., Mr.)
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	