Vancouver College

Walkathon Donation Form

Student Information

STUDENT FIRST NAME:	STUDENT LAST NAME:
COMMUNITY GROUP TEACHER:	GRADE:

Donor Information

FIRST NAME:	LAST NAME:
ADDRESS:	POSTAL CODE:
PHONE NUMBER:	RELATIONSHIP TO STUDENT:

☐ Payment Attached Payment Amount: _____

**Please note that all fields on the form must be completed for the donation to be credited to the student's name and for us to issue a tax receipt for donations over $25.*