

Request Form: Tax Receipt

Use this form only for instances where cash donations of more than \$25 were made during the course of your fundraising campaign – either at an event or as part of a sponsored event like a walk-a-thon.

Agency/Ministry/OPP: [Click or tap here to enter text.](#)

Campaign Chair/Treasurer (name): [Click or tap here to enter text.](#)

Phone Number: [Click or tap here to enter text.](#)

Donation Date	Donor Name	Donor Home Address	Donation Amount
Click or tap to enter a date.			
Click or tap to enter a date.			
Click or tap to enter a date.			
Click or tap to enter a date.			
Click or tap to enter a date.			

Please provide any additional details here: [Click or tap here to enter text.](#)

By submitting this form via my work email, I confirm the accuracy of information contained here and request tax receipts be issued from Federated Health Charities.

X

Federated Health Charities Campaign Chair