** Cash & Cheque Donations Declaration Form**

***Chalice Champion’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_Angelina D’Almeida ID*** 1224568***\_\_\_\_\_\_\_\_\_\_\_***

***Phone: \_\_***(62506250***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Appeal: Plant Sale EV-**

**Scan & Email:** donorrelations@chalice.ca; **Fax:** 1-902-252-3644; **Mail Cheques & Money Orders only to:** Chalice, 26 Union Street, Suite 1, Bedford, NS B4A 2B5

***QUESTIONS? Call Ligia 1-800-776-6855 ext 208***

PLEASE PRINT CLEARLY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name\*** | | | **Address\*** | **Contact** | **Donation** | |
| First | Middle | Surname | Street, City, Province, Postal Code | Telephone, Email | Cash | Chq/MO |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |
| **TOTALS** | | | | | $ | $ |

*\*Required only if donor requests an official donation receipt.*

***Chalice Champion:***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that I have received cash and/or cheque donations from the above individuals.

These donations have been collected to support the work of: African School Farming and Food Project A-GTZ0321 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(OFFICE USE)* Acknowledged by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_