

Leap of Faith



OFFLINE DONATION FORM

Jumper's Name: _____

Name _____
Address _____
Phone _____
Email _____
Amt of Donation \$_____ Cash/cheque - paid ☐

Name _____
Address _____
Phone _____
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Note: In order to receive a tax receipt for a cash or cheque donation, donors must complete the information above.

Charitable Business Number: 899611032RR0001

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