



**DONATION FORM
INTERNATIONAL JUSTICE MISSION CANADA**

	Date	Name	Full Mailing Address (Street, City, Province, Postal	Phone	Amount	Cash/Ck	Office
1			REQUIRED FOR TAX RECEIPT				
2			REQUIRED FOR TAX RECEIPT				
3			REQUIRED FOR TAX RECEIPT				
4			REQUIRED FOR TAX RECEIPT				
5			REQUIRED FOR TAX RECEIPT				
6			REQUIRED FOR TAX RECEIPT				
7			REQUIRED FOR TAX RECEIPT				
9			REQUIRED FOR TAX RECEIPT				
10			REQUIRED FOR TAX RECEIPT				
11			REQUIRED FOR TAX RECEIPT				
12			REQUIRED FOR TAX RECEIPT				
TAX RECEIPTS ARE ISSUED FOR AMOUNTS OF \$15.00 OR MORE				TOTAL			
				Total Cheques			
				Total Cash			
				TOTAL			

Fundraiser's name



PLEDGE FORM
INTERNATIONAL JUSTICE MISSION CANADA

	Pledge Date	Name	Pledged Amount Per: (eg. KM)	TOTAL DUE	Received <input checked="" type="checkbox"/>
1					
2					
3					
4					
5					
6					
7					
9					
10					
11					
12					
13					
14					
15					
TAX RECEIPTS ARE ISSUED FOR AMOUNTS OF \$15.00 OR MORE					

Fundraiser's name