



Date _____

Independent Fundraising Events Donor Form

DONOR NAME _____

ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____

TOTAL AMOUNT OF DONATION \$ _____

Payment Type (circle): Credit Card Cheque Cash
E-Transfer (send to finance@osns.org)

Cheques should be made payable to OSNS Legacy Foundation

OSNS Child & Youth Development Centre, #103-550 Carmi Avenue, Penticton, BC V2A 3G6
Phone: 250-492-0295 | Website: www.osns.org

This form must be returned to OSNS to receive a tax receipt



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