



Holiday Hampers Donation Form

Hamper #: _____

Drop Off Date: _____

DONOR INFO

Name (First & Last): _____

Company Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____ Phone: _____

CASH GIFT

CASH CHEQUE AMOUNT \$ _____ Check this box if you require a tax receipt.

GIFT CARDS

Total \$ Value of Gift Cards \$ _____ Check this box if you require a tax receipt. Copy of purchase receipts required.

Please list (and attach receipts) your donated gift cards (\$ Value & Store Name):
