EAU VIVE SWIMATHON 2014
DONATION FORM

All money collected through the EAU VIVE Swimathon will be donated in full to organizations that assist people living with HIV/AIDS.

Participant's Last Name: _____ First Name: _____ Entry number: _____

Please make all cheques payable to À CONTRE-COURANT.
Complete all donation information on this form (photocopy this form if additional space is required). **Please note: any illegible or incomplete address will make it impossible to correctly forward any requested tax receipts.**

First Name	Last Name	Civic Number, Street and Apartment	City	Postal Code	Amount	Check if receipt is required*
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	
					$	

Total of donations $ _____

* Receipts will be provided by the beneficiary organization for all donations of $20 or more.