# Fundraising Event Donation Record Form

BUY-A-NET

Your Event Name: _____

Event Date: _____

Event Holder Contact Information:

Name:_____

Contact phone number:_____

Contact e-mail: _____

| Full Name | Mailing Address | Donation Amount | Email and/ or Phone # for Tax Purposes (E-receipts) |
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Tax Receipts Issued
For gift $12 (2 Nets)& Over

**BUY-A-NET Malaria Prevention Group (www.buyanet.ca)**
**P.O. Box 1063 Kingston, ON K7L 4Y5**
**Charitable Registration No. 85845 2998 RR001**