



Canadian Mesothelioma Foundation Auction Form
3rd Annual Charity Event Thursday November 17th, 2016

PLEASE RETURN THIS FORM BY FRIDAY, Nov 10th

Please contact Carrie @ 587-229-6506 to arrange for pick up

STICKITTOMESO@GMAIL.COM

Donated by: _____

Contact person (if donor is a business): _____

Donor's Mailing Address: _____

City: _____ Province: _____

Postal Code: _____

Telephone: _____

Email: _____

Detailed Item Description: _____

Item Value: \$ _____

Tax Receipt:

An **invoice or receipt** clearly indicating the value of the donation **must accompany the donated item** or a tax receipt will not be issued. **Please note: When requesting a tax receipt for an invoiced item, the receipt can only be issued to the name that appears on the invoice.**

Canada Customs and Revenue Agency regulations prohibit issuance of tax receipts for donation of services. (hotel rooms, use of a condo, aesthetic services, massages, etc.)

TAX RECEIPT REQUIRED: NO ☐ YES ☐