



SPONSOR A FAMILY DONATION FORM
 Kindly include this form & associated receipts with your submission

Group / Lead Contact:	Phone:	date delivered
-----------------------	--------	----------------

*For a charitable tax receipt please list names of donors and attach store receipts. (Taxes NOT to be included) *please note "items of a service nature" are not eligible (ex. Spa Treatment, Concert Tickets)*

Donor Information

Please Print Clearly

Donor First Name	Donor Last Name	Address	Postal Code	Phone	\$ Amount
Total \$ donations / Box A					\$0.00

*Receipts are required for all items claimed. **Note: taxes on the purchase are not eligible for tax receipt, only Pre-Tax amounts are eligible*

Purchases

Store	Date	Pre-Tax Amount \$		Store	Date	Pre-Tax Amount \$
receipt subtotal (Box B)		\$0.00		receipts subtotal (Box C)		\$0.00

Total receipts (Box B+C) \$0.00

This amount can not exceed Box A

Please ensure this form and associated receipts are dropped off by January 14th to the Archway Food Bank - 33914 Essendene Ave, Abbotsford

THANK YOU FOR YOUR SUPPORT!

Office use

Received By: _____ Date received: _____

Comments: