



Brant County SPCA – CUPCAKE DAY REMITTANCE FORM

Please complete all fields on this form and submit with the proceeds from your event to the Brant County SPCA at 539 Mohawk St, Brantford, ON N3T 5M8.

Date: _____ Organizer(s)name(s): _____

Business/School name if applicable: _____

Address: _____ City/Province/Postal Code: _____

Phone: _____ E-mail: _____

1. Event name: _____

2. Event date: _____

3. Description & Location of Event:

4. Revenue from event (amount donating to the Brant County SPCA):

Cash: \$ _____

Cheque: \$ _____

Total Revenue: \$ _____

Thank you for Baking a Difference!

THIRD PARTY REMITTANCE FORM

Please note: if tax receipts are requested by individual donors, all fields must be *filled in and signed by the donor*. If donations are made by cheque, a tax receipt can only be issued to the name printed on the given cheque.

| First and Last Name | Address | City | Postal Code | Phone Number | Amount | Cash or Cheque | Signature |
|---------------------|---------|------|-------------|--------------|--------|----------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



| First and Last Name | Address | City | Postal Code | Phone Number | Amount | Cash or Cheque | Signature |
|---------------------|---------|------|-------------|--------------|--------|----------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

