



PARTICIPANT (Please print clearly):



NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

() _____
PHONE _____ PROVIDE YOUR **EMAIL** ADDRESS TO RECEIVE SAMARITAN'S PURSE UPDATES _____

This form is for donations only. Please add names and amounts only after you have received the funds. Please photocopy this form if you need additional copies or to pass along to friends.

We encourage each participant to raise at least \$100, which is enough to help one family in the developing world get safe water. Please bring your donation form(s) and all funds with you to the ride.

I am participating in a ride at this location:

DONOR FIRST NAME _____ DONOR LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

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The Samaritan's Purse - Canada (SPC) retains your personal information as confidential. The information you provide will be used to inform you of our programs and projects, to help and encourage you spiritually, and to provide you with opportunities to support our work. Please contact SPC at 1.800.663.6500 or email info@samaritan.ca if you do not want your information to be used for the purposes described.

The Samaritan's Purse - Canada is audited annually by an independent accounting firm and our financial statements are available upon request. Our board of directors has established a policy that all contributions designed for a specific project shall be applied to that project, with up to 10 per cent to be used, if needed, for administering the gifts. Occasionally, we receive more contributions for a given project than can be wisely applied to that project. When that happens, we use these funds to meet a similar pressing need. It is our policy to meet the needs God lays before us, so that Christ is lifted up and the Gospel is advanced.



I have enclosed the following:

\$ _____
Turn on the Tap Water Projects (tax receipt will be issued) 080190

Cheque (payable to Samaritan's Purse)

Cash

Please bill my credit card: Visa MC

_____/_____/_____
CARD NUMBER

_____/_____
EXPIRY DATE SIGNATURE

DONOR FIRST NAME _____ DONOR LAST NAME _____

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