

## Run For the Son Participant Instructions

Thank you for participating in our annual Run for the Son. Please read the following instructions carefully to ensure that the money you have raised will be properly credited to your sponsors for income tax purposes.

1. **PRINT all of the information requested on the sponsor form, including their complete mailing address.** This is your sponsor's income tax receipt and the completed form will be used for mailing the receipts from the office at a later date.
2. Leave the bottom right hand corner of the sponsor form blank. This is the box that reads "for office use only".
3. Clearly indicate the amount of money collected. Do not accept pledges – collect the money when you are sponsored.
4. **Do Not** staple cash or cheques to the sponsor forms.
5. Give the sponsor the pink copy of the form as a temporary receipt. **They will receive an official receipt, for donations of \$20 or more, later in the year**
6. Have the sponsor make the **cheques payable to CMA Canada**. All checks must be made out this way to be eligible for a donation receipt
7. For donations under \$20 or if the sponsor does not want a receipt all of these donations can be combined onto one receipt. Write anonymous for the sponsor name.
8. Complete your waiver form on the front of the Run for the Son Participant envelope.
9. Bring all the completed (both the yellow and white copies) and unused sponsor forms, along with the cheques and cash collected, in the Run participant envelope to your chapter's Run for the Son. Turn them in to your chapter representative on the day of the run.

Sample Completed Sponsor Form on reverse  
Revised: Oct 2016

CHRISTIAN MOTORCYCLISTS ASSOCIATION OF CANADA BOX 521, RED DEER, AB T4N 5G1 <b>Run For The Son Sponsor Form</b>		Receipt No: <b>74705</b> Date: <i>Date donation received</i> I Wish To Donate \$: <i>Amount donation</i>	(FOR OFFICE USE ONLY) Date: _____ Amount Received \$: _____ (AUTHORIZED SIGNATURE) _____
Participant: <i>Your name</i>	PLEASE PRINT CLEARLY Sponsor Name: <i>Donors Information</i> Address: <i>In Full</i> City: _____ Prov.: _____	Tax Receipts will be issued for donations of \$20.00 or more. WHITE/YELLOW - Office PINK - Donor Canada Revenue Agency • www.cra-arc.gc.ca/charities	RFTS09

*Do not use this area* ↗