



Please direct my donations to:

BC SPCA Areas of Greatest Need

My Local BC SPCA Branch: _____
(Branch Name)

IMPORTANT INSTRUCTIONS

1. Registration online at www.nationalcupcakeday.ca helps keep our administration costs low.
2. All information requested is important to us and is required for tax receipts. Please complete the form fully or enter gifts online for automatic tax receipts.
3. Anonymous funds are not eligible for tax receipts. Please enter any additional funds received on the "Additional Funds Collected" line at the bottom of this form.
4. Please ensure all totals add up correctly on the "Grand Total" line.

5. Please print clearly and make all cheques payable to the BC SPCA and mail to:

National Cupcake Day, BC SPCA,
1245 East 7th Ave,
Vancouver, BC, V5T 1R1

Tax receipts will be issued for donations of \$10 or more.

Please fill out this section if you HAVE registered online

Cupcake Day Host Name: _____

Participant ID Number: _____

Your participant ID number can be found on your online bakery at www.nationalcupcakeday.ca

*To qualify for pre-event prizing you must register online at www.nationalcupcakeday.ca

Please fill out this section if you HAVE NOT registered online

Cupcake Day Host Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

By providing your email address and phone number, you are agreeing to be contacted by the BC SPCA and National Cupcake Day.

Team Name (if applicable): _____

If this is a new team, you will be the team captain

I am a youth participant (17 and under): Yes No

EVENT WAIVER

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of National Cupcake Day for SPCAs & Humane Societies, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating Societies holding this event, their agents, representatives, successors, assigns and Sponsors for any and all injuries suffered by me or my animal companion at this event, for any cause whatsoever including negligence. I understand that individual events may be photographed or videotaped and hereby give the participating Societies rights to use these images for future use.

WARNING: Any participant with known or unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during or leading up to the event.

Participation in National Cupcake Day is undertaken at your own initiative and with the full permission, support, and appreciation of the participating Societies. In the event that the participating Societies become aware of any false, incorrect or misleading information, the participating Societies may revoke this Authority in its absolute discretion.

All youth participants (17 or under) must have a parent/guardian sign on their behalf. I have read the above waiver in full understanding

Signed _____

Age _____ Date _____

FIRST NAME	LAST NAME	PHONE ()	E-MAIL	DONATION AMOUNT / TYPE \$ _____
ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Use host credit card <input type="checkbox"/> Tax receipt requested
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		
FIRST NAME	LAST NAME	PHONE ()	E-MAIL	DONATION AMOUNT / TYPE \$ _____
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		

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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE		

National Cupcake Day™

I would like to pay the unpaid balance of my donors' pledges in full by credit card.

Credit Card # _____
Expiry MM/YY _____ Signature _____ Balance Paid \$ _____

Subtotal of donations on this form
\$ _____

Additional funds collected
*a tax receipt will not be issued
\$ _____

GRAND TOTAL
*add the two numbers above
\$ _____



Ontario SPCA
16586 Woodbine Ave., RR3
Newmarket, ON L3Y 4W1

1-888-668-7722
www.ontariospca.ca
Charitable Registration No.
#88969-1044-RR0002



BC SPCA
1245 East 7th Ave.
Vancouver, BC V5T 1R1

1-800-665-1868
spca.bc.ca
Charitable Registration No.
#11881-9036-RR0001