

REGISTRATION FORM

Please complete this form and send it, along with your company logo (in .jpg or .eps file) to fundraiser@bbbsbarrie.com. Once received, we'll contact you to ensure progress of your sponsorship.

Contact Information

I am only updating my contact info from my previous CSP sponsorship Yes No

Have you donated to Big Brothers Big Sisters of Barrie & District before? Yes No

Select the choice that best describes your sponsorship: Individual Group

Sponsor Contact Name: _____ Title: _____

Sponsor Company Name: _____

Address: _____ City: _____ P.C.: _____

E-mail: _____ Tel: _____ Fax: _____

Please include my personal or company name on the BBBS website Yes No

Please include my personal or company name in the BBBS newsletter Yes No

Correct spelling of group/company name to be used: _____

Payment Information

I/We want to sponsor a child for \$42 a month (\$500 a year) and provide an opportunity for a boy or girl in my community to grow more confident, try new activities and to Share a Little Magic in a very important mentoring friendship.

I/We would like to increase my/our monthly pledge to \$_____ a month (\$_____ a year) to provide additional children with the same opportunities.

I/We will pay: Monthly (\$42 or \$_____ twelve times a year)

Quarterly (\$125 or \$_____ four times a year)

Annually (\$500 or \$_____ once)

Payment method:

Credit Card

Please charge my Credit Card: MasterCard _____ or VISA _____

Total Amount to be billed: \$_____ # of times per year: _____

Card Holder's Name: _____

Card # _____ Exp. Date: ____ / ____

Post-dated Cheque(s)

Payable to: Big Brothers Big Sisters of Barrie & District
P.O. Box 261, 168 Bayfield Street
Barrie, ON L4M 4T2

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Additional Contact Information

*only for sponsorships divided between individuals who would like to receive a tax receipt for their portion. If more space is needed, please copy this page and fill out with the remaining names, but be sure to include your Group Name on the page.

Please send tax receipt in the amount of \$_____ to Sponsor Contact Name listed previously

Additional Contact Name: _____ Title: _____

Address: _____ City: _____ P.C.: _____

E-mail: _____ Tel: _____ Fax: _____

Please send tax receipt in the amount of \$_____

Additional Contact Name: _____ Title: _____

Address: _____ City: _____ P.C.: _____

E-mail: _____ Tel: _____ Fax: _____

Please send tax receipt in the amount of \$_____

Additional Contact Name: _____ Title: _____

Address: _____ City: _____ P.C.: _____

E-mail: _____ Tel: _____ Fax: _____

Please send tax receipt in the amount of \$_____

Additional Contact Name: _____ Title: _____

Address: _____ City: _____ P.C.: _____

E-mail: _____ Tel: _____ Fax: _____

Please send tax receipt in the amount of \$_____

Additional Contact Name: _____ Title: _____

Address: _____ City: _____ P.C.: _____

E-mail: _____ Tel: _____ Fax: _____

Please send tax receipt in the amount of \$_____

Signature: _____

Date: _____