



Adopt a Family

Donor Tax Receipt Form



Main Contact Name: _____

Organization Name: _____

Primary Mailing Address: _____

Postal Code: _____ Phone: _____ E-mail: _____

Receipting Process

1. List name and home address for each person requiring a tax receipt. Use a separate sheet if necessary.
2. If several people share the donation, list each person's contribution and contact information.

Charitable Registration Number: 12988 3443 RR0001

Name	Home Address/Postal Code	E-mail address	Phone Number	Amount

Send with cheques and cash by December 31st, 2020 to receive your 2020 tax receipts.

Calgary Women's Emergency Shelter

500 – 1509 Centre St. SW

Calgary AB T2G 2E6

www.calgarywomensshelter.com