



Helping Kids with
Physical Disabilities
Succeed

46th Annual Toronto Maple Leafs Skate for Easter Seals Kids Ford Performance Centre



Tuesday, April 7th, 2026

Helping Kids with
Physical Disabilities
Succeed

OFFLINE DONATION FORM

Participant Name: _____

Address: _____

City, Prov: _____ Postal Code: _____

Phone Number: () _____ E-mail: _____

Please ensure complete information is provided and the full pledged amount is collected and submitted on the event day.

| PLEASE INCLUDE SPONSOR'S NAME AND COMPLETE ADDRESS. PLEASE PRINT CLEARLY. TAX RECEIPTS CANNOT BE ISSUED IF ANY INFORMATION IS INCOMPLETE. | | | | AMOUNT PLEDGED | PAID ✓ | PAPER RECEIPT REQUIRED (Y/N) | E-RECEIPT REQUIRED (Y/N) |
|---|----------------|------------|-------------|----------------|--------|------------------------------|--------------------------|
| Please make all cheques payable to "Easter Seals Ontario". | | | | Eg.: \$50.00 | ✓ | Y | |
| Last name | | First name | | | | | |
| Apt. #/TH/Suite | Street Address | City | Postal Code | | | | |
| | E-mail Address | | | | | | |
| Last name | | First name | | | | | |
| Apt. #/TH/Suite | Street Address | City | Postal Code | | | | |
| | E-mail Address | | | | | | |
| Last name | | First name | | | | | |
| Apt. #/TH/Suite | Street Address | City | Postal Code | | | | |
| | E-mail Address | | | | | | |
| Last name | | First name | | | | | |
| Apt. #/TH/Suite | Street Address | City | Postal Code | | | | |
| | E-mail Address | | | | | | |
| PLEDGE TOTALS FOR THIS PAGE | | | | \$ | | | |

Please choose only one method for your tax receipt. Tax receipts can be e-mailed if the donor e-mail address is provided and they opt for an e-receipt, otherwise the tax receipt will be mailed post-event.

To donate to a participant online, please go to EasterSealsSkate.org.

**Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, ON M3C 3N6
For more information please contact bsteele@easterseals.org or 437-214-1140.**