



“Strength and Honour”

The C.A.V. Motorcycle Units

The C.A.V. Rides In Support Of Charities

Name of Charity: _____ Charity's Registration No: _____

Charity's Mailing Address: _____

Charity's Phone Number: _____ Charity's Email: _____

Year: _____ CAV Formation or Unit Name: _____ CAV Member's Name: _____

Ser	Donors Name - Last, First (Needed for tax receipt)	Mailing Address (Needed for tax receipt)	Phone No & Area Code (Optional)	Method of Payment (Cheque, cash, etc.)	Donation Amount (Cdn \$)
1.					
2.					
3.					
4.					
5.					
6.					