



Immanuel Christian Schools Spring Bazaar 2025

BUSINESS:

ADDRESS:

PHONE:

CONTACT PERSON:

DONATION: ____ YES ____ NO

DESCRIPTION: _____

VALUE OF DONATION: \$ _____

OFFICIAL TAX RECEIPT REQUIRED: ____ YES ____ NO
(If yes, attach proof of value receipts)



Immanuel Christian Schools – Fall Fundraiser *Temporary Receipt*

Date _____

Received from: _____

Address: _____ Postal Code: _____

\$ _____ Description: _____

Official Tax Receipt to follow in February 2025.
No receipts will be issued for gift cards/certificates
as per Revenue Canada regulations.