



TREAT WEEK

Participant Name : _____

SPCA Region I'm Supporting: _____

Name	Mailing Address	E-mail Address	Phone Number	Gift Amount	Cheque or Cash

Cheques can be made out to: Nova Scotia SPCA. Please write in the memo section Treat Week.

Charitable tax receipts will be issued for donations of \$20 or more, if requested. Complete mailing address required.

Donation Total: _____

