



REQUEST FOR DUPLICATE WALLET CARD OR TAX RECEIPT

REQUEST FOR: Duplicate Wallet Card Tax Receipt

PLEASE COMPLETE AND FAX BACK TO REGISTRATION AT 416.214.0851 OR SCAN AND EMAIL TO REGISTRATION@COTO.ORG

Cost: \$11.30 (\$10.00 + HST per item). Please allow seven business days for processing.

Payment must be received before request can be processed.

Name: _____ Registration # _____
(Print clearly)

Tax year(s) required. Please include start and end year (e.g. June 1, 2010 to May 31, 2011).

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Mailing address (please include full information on where you would like item(s) sent, including postal code)

PLEASE CHOOSE METHOD OF PAYMENT:

1. Credit Card

PLEASE CHOOSE: Visa Master Card American Express

Credit Card #: _____ Expiry Date: _____ / _____

Cardholder's Name: _____
(Print clearly)

Cardholder's Signature: _____
(Print clearly)

Authorized Amount: \$ _____

2. Mail cheque or money order to COTO with this form. Please include registration number on cheque/money order

Cheque or money order enclosed

For Office Use Only:	
iMIS ID #	Date Processed
Processed By:	Authorization #