



# Registration Form

**Please complete and Fax to 416-255-1371 to register for Cash for Cartridges**

School / Organization Name:

Address:

City:

Province:

Postal Code:

Contact Name:

Phone:

Fax:

Email:

## Payment Information

Donation Payable to:

Address:

City:

Province

Postal Code:

**\*\*Cash for Cartridges use only\*\***

Date Received: \_\_\_\_\_

Site Number: \_\_\_\_\_

Package Sent: \_\_\_\_\_

Notes: \_\_\_\_\_

Tracking:

**100 The East Mall, Unit 11 Etobicoke, ON**  
**Phone: 416-255-8701 Fax: 416-255-1371**  
**email:info@cashforcartirdges.ca**