



SINGLE DONATION FORM

YOUR NAME: _____

ADDRESS: _____

CITY _____ PROV _____ POSTAL CODE _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

PARTICIPANT OR TEAM NAME: _____

DONATION AMOUNT: \$ _____

PAYMENT METHOD:

VISA MC CHEQUE (to BC Lung Association)

CARD NO. _____

EXPIRY DATE: _____ / _____

YES, I would like to have a tax-deductible receipt emailed to me.

SIGNATURE _____

PLEASE MAIL TO:
BC LUNG ASSOCIATION
2675 OAK ST. VANCOUVER, BC
V6H 2K2

THANK YOU FOR SUPPORTING THE BC LUNG ASSOCIATION!