



DONATION RECORD FORM

PARTICIPANT NAME _____

Cheques should be made payable to the **BC Lung Association**.

Donations will be receipted only upon request and with a **valid email address**.

This donation form **must** be returned to the BC Lung Association for processing with accompanying donations.

FIRST NAME		ADDRESS		CITY	PROV.	POSTAL CODE		(PLEASE CIRCLE ONE)		
LAST NAME		EMAIL		PHONE				CASH	CHEQUE	CREDIT
								\$ AMOUNT	TAX RECEIPT	
CREDIT CARD #						EXP. DATE	MM / YY		<input type="checkbox"/> YES	
									<input type="checkbox"/> NO	

FIRST NAME		ADDRESS		CITY	PROV.	POSTAL CODE		(PLEASE CIRCLE ONE)		
LAST NAME		EMAIL		PHONE				CASH	CHEQUE	CREDIT
								\$ AMOUNT	TAX RECEIPT	
CREDIT CARD #						EXP. DATE	MM / YY		<input type="checkbox"/> YES	
									<input type="checkbox"/> NO	

FIRST NAME		ADDRESS		CITY	PROV.	POSTAL CODE		(PLEASE CIRCLE ONE)		
LAST NAME		EMAIL		PHONE				CASH	CHEQUE	CREDIT
								\$ AMOUNT	TAX RECEIPT	
CREDIT CARD #						EXP. DATE	MM / YY		<input type="checkbox"/> YES	
									<input type="checkbox"/> NO	

FIRST NAME		ADDRESS		CITY	PROV.	POSTAL CODE		(PLEASE CIRCLE ONE)		
LAST NAME		EMAIL		PHONE				CASH	CHEQUE	CREDIT
								\$ AMOUNT	TAX RECEIPT	
CREDIT CARD #						EXP. DATE	MM / YY		<input type="checkbox"/> YES	
									<input type="checkbox"/> NO	

PARTICIPANT NAME _____

FIRST NAME	ADDRESS	CITY	PROV.	POSTAL CODE	(PLEASE CIRCLE ONE) CASH CHEQUE CREDIT \$ AMOUNT TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME	EMAIL	PHONE			
CREDIT CARD #				EXP. DATE MM/YY	

FIRST NAME	ADDRESS	CITY	PROV.	POSTAL CODE	(PLEASE CIRCLE ONE) CASH CHEQUE CREDIT \$ AMOUNT TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME	EMAIL	PHONE			
CREDIT CARD #				EXP. DATE MM/YY	

FIRST NAME	ADDRESS	CITY	PROV.	POSTAL CODE	(PLEASE CIRCLE ONE) CASH CHEQUE CREDIT \$ AMOUNT TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME	EMAIL	PHONE			
CREDIT CARD #				EXP. DATE MM/YY	

FIRST NAME	ADDRESS	CITY	PROV.	POSTAL CODE	(PLEASE CIRCLE ONE) CASH CHEQUE CREDIT \$ AMOUNT TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME	EMAIL	PHONE			
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FIRST NAME	ADDRESS	CITY	PROV.	POSTAL CODE	(PLEASE CIRCLE ONE) CASH CHEQUE CREDIT \$ AMOUNT TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME	EMAIL	PHONE			
CREDIT CARD #				EXP. DATE MM/YY	