



# 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) <b>CASH</b> <b>CHEQUE</b> <b>CREDIT</b>
LAST NAME		EMAIL		PHONE				
CREDIT CARD #							EXP. DATE MM / YY	\$ AMOUNT
								TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

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

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LAST NAME		EMAIL		PHONE				
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								TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

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LAST NAME		EMAIL		PHONE				
CREDIT CARD #							EXP. DATE MM / YY	\$ AMOUNT
								TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

PARTICIPANT NAME \_\_\_\_\_

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LAST NAME	EMAIL	PHONE			CASH	CHEQUE	CREDIT
CREDIT CARD #					EXP. DATE	\$ AMOUNT	TAX RECEIPT
					MM / YY		<input type="checkbox"/> YES <input type="checkbox"/> NO

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LAST NAME	EMAIL	PHONE			CASH	CHEQUE	CREDIT
CREDIT CARD #					EXP. DATE	\$ AMOUNT	TAX RECEIPT
					MM / YY		<input type="checkbox"/> YES <input type="checkbox"/> NO

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CREDIT CARD #					EXP. DATE	\$ AMOUNT	TAX RECEIPT
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LAST NAME	EMAIL	PHONE			CASH	CHEQUE	CREDIT
CREDIT CARD #					EXP. DATE	\$ AMOUNT	TAX RECEIPT
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CREDIT CARD #					EXP. DATE	\$ AMOUNT	TAX RECEIPT
					MM / YY		<input type="checkbox"/> YES <input type="checkbox"/> NO