



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.

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|---------------|---------|-------|-------|-------------------|--|
| FIRST NAME | ADDRESS | CITY | PROV. | POSTAL CODE | (PLEASE CIRCLE ONE) CASH CHEQUE CREDIT |
| LAST NAME | EMAIL | PHONE | | | |
| CREDIT CARD # | | | | EXP. DATE MM / YY | |

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