



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

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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