



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

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