



Participant Name	Telephone	Page ____ of ____
Email	Full Mailing Address	

Please print clearly. No receipts can be issued without a complete name and home address.

Full name	Telephone	Email	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Online <input type="checkbox"/>	Donation Amount \$
Address			City	Province	Postal Code	
Full name	Telephone	Email	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Online <input type="checkbox"/>	Donation Amount \$
Address			City	Province	Postal Code	
Full name	Telephone	Email	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Online <input type="checkbox"/>	Donation Amount \$
Address			City	Province	Postal Code	
Full name	Telephone	Email	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Online <input type="checkbox"/>	Donation Amount \$
Address			City	Province	Postal Code	
Full name	Telephone	Email	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Online <input type="checkbox"/>	Donation Amount \$
Address			City	Province	Postal Code	
<p>Your privacy is important to us. The collection of your personal information will be used for tax receipt purposes only. Receipts will automatically be issued for any donation of \$20 or more.</p> <p>For more information, please call 204.774.5501 or visit our website at www.mb.lung.ca</p> <p>Our charitable registration number is 107952798RR0001</p>						<p style="text-align: right;">Total Cash \$</p> <p style="text-align: right;">Total Cheque \$</p> <p style="text-align: right;">Total Online \$</p> <p style="text-align: right;">Overall Total \$</p>