

# BRITISH COLUMBIA LUNG ASSOCIATION

## 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 (do **NOT** send cash in the mail).

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	

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	



# DONATION PLEDGE FORM

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

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

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