

Walker Name: _____

Phone number: _____

Team/Captain: _____

Email: _____



Donor Name:		Address:		Phone:		Amt Donated \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> OR \$
Email: <input type="checkbox"/> I agree to allow Lupus Ontario to contact me by email regarding future events/newsletters.						
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX _____		Expiry: _ / _	City:	Province:	Postal Code:	Tax Receipt Yes / No

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Please be advised that your full mailing address, including your postal code, is required to issue a tax receipt for donations of \$20.00 or more.

Lupus Ontario has a strict privacy policy to protect your rights and does not share any of your information.
Charitable Registration # 883331472 RR0001

Please return this form and all donations to:
LUPUS ONTARIO
285 Taunton Road East, Suite 4438
Oshawa ON
L1G 3V2
Please do not send cash in the mail.

Total Cash	
Total Cheques	
Total Credit Cards	
TOTAL	