



Name: _____ Email: _____
 Address: _____ City: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____

Strictly Optional & Confidential

Your Age: 13-19 20-49 50+ Do you know anyone with asthma? Self Family Other _____

Privacy Statement: The Ontario Lung Association respects your privacy. The information collected here will be used to process your gift and issue a tax receipt (please note that tax receipts are only issued for donations of \$20 or greater where the donor information is complete and legible), provide you with additional information about the activities of The Lung Association and its two professional healthcare societies, and request support from you to further our mission to improve lung health. Our full Privacy Policy may be found at www.on.lung.ca or by writing to our Privacy Office at 18 Wynford Drive, Suite 401, Toronto, ON M3C 0K8. *If you do not wish your name to be used for one or all of these reasons, please check the box in the far right column.*

Sample Donor	Name	John Smith	Email	john.smith@domain.com	Phone	519-555-1212		<input type="checkbox"/> Cash
	Address	123 Main Street	City	Citynamehere	Province	ON	Postal	A1B 2C3
	<input type="checkbox"/> Credit Card	1234 1234 1234 1234	Expiry	12/12	Name on Card	John A. Smith	\$20	<input checked="" type="checkbox"/> Cheque
1	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
2	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
3	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
4	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
5	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
6	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
7	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
8	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque
9	Name:		Email		Phone			<input type="checkbox"/> Cash
	Address		City		Province		Postal	
	<input type="checkbox"/> Credit Card		Expiry		Name on Card		\$	<input type="checkbox"/> Cheque

I would like to pay the balance of my donors' donations in full using my credit card:	Total Pledged	\$
<input type="checkbox"/> VISA <input type="checkbox"/> MC Card # _____ Expiry _____ Amount \$ _____	Total Outstanding	\$
Name on Card _____ Signature _____	Total Submitted	\$
Signature of Participant or Guardian _____ Date _____	Charitable Registration Number 12404 6368 RR0002.	