

DONATION FORM

Mail in or bring funds on run day.

Create your own **HSBC Childrun webpage** and encourage friends and family to donate.

Visit **childrun.com** to get started.



Join the fight against childhood cancer.

SUNDAY, JUNE 7th, 2009 – 9 A.M.

Need another donation form? Download from our website: **childrun.com** or photocopy this one.

Please consider the environment before printing.

Name: _____	Telephone Number: _____
Address: _____	Postal Code: _____
School, Corporate or Community Team Name (if applicable) _____	Would you like information on giving a legacy gift through your will? <input type="checkbox"/> Yes

Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Address: _____	Amount: _____	Card # _____
Phone: _____	City: _____ Postal Code: _____		Expiry Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque

Do not mail cash. Cheques should be made payable to:

BC Children's Hospital Foundation
 938 West 28th Avenue, Vancouver BC V5Z 4H4

TOTAL

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