

First Name:	Last Name:
Address:	
Cell:	Other Tel:
Email:	Team Name (if applicable):

<b>PLEASE PRINT CLEARLY</b>		AMOUNT	
		Cash / Cheque	Credit Card
NAME OF DONOR: _____ TEL. : _____ EMAIL: _____			
ADDRESS: _____ CITY: _____ PROV. : _____ POSTAL CODE : _____			
CARD NO. _____	EXPIRY: _____		
NAME ON CARD: _____	Signature X _____		
1 _____			
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<b>Totals</b>			

Please make cheques payable to the **ST. JOSEPH'S HEALTH CENTRE FOUNDATION**. If you need more forms, please photocopy this one. Receipts will be issued for donations of \$20.00 or more. Donor's name and address must be complete and legible. Donors can also go online to make easy and secure credit card donations at [www.cycle4stjoes.ca](http://www.cycle4stjoes.ca). All offline funds should be brought to the Foundation office or to the event registration on Sunday September 24, 2023.

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**Thank you for your support of Cycle4St.Joe's!**