



Donation Collection Form

*Myeloma Vancouver Stroll for a Cure,
September 25, 2011
LaFarge Park, Coquitlam*

| DONATION COLLECTOR INFORMATION <i>Please print clearly</i> | | TOTAL RAISED: \$ |
|--|------------|--------------------|
| Name: _____ | | |
| Address: _____ | | |
| City/Province: _____ | | Postal Code: _____ |
| Phone: _____ | Fax: _____ | Email: _____ |

| DONOR INFORMATION <i>Please print clearly</i> | AMOUNT RAISED: |
|---|---|
| Name: _____ | \$ _____ |
| Address: _____ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque |
| City/Province: _____ Postal Code: _____ | <input type="checkbox"/> Receipt Requested |
| Telephone: _____ Email: _____ | |
| Name: _____ | \$ _____ |
| Address: _____ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque |
| City/Province: _____ Postal Code: _____ | <input type="checkbox"/> Receipt Requested |
| Telephone: _____ Email: _____ | |
| Name: _____ | \$ _____ |
| Address: _____ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque |
| City/Province: _____ Postal Code: _____ | <input type="checkbox"/> Receipt Requested |
| Telephone: _____ Email: _____ | |
| Name: _____ | \$ _____ |
| Address: _____ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque |
| City/Province: _____ Postal Code: _____ | <input type="checkbox"/> Receipt Requested |
| Telephone: _____ Email: _____ | |

Tax receipts will be issued for donations of \$25 or more upon request, and if information is complete and legible.
Cheques are to be made payable to **VGH & UBC Hospital Foundation**; indicate **Myeloma Vancouver Stroll** in memo line of your cheque.



See next page for additional donation lines.

Submit total donations in person on event day or by mail to

VGH & UBC Hospital Foundation: 855 West 12th Avenue, Vancouver, BC V5Z 1M9



| DONOR INFORMATION | <i>Please print clearly</i> | AMOUNT RAISED: |
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| Name: _____ Address: _____ City/Province: _____ Postal Code: _____ Telephone: _____ Email: _____ | | \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Receipt Requested |
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| TOTAL AMOUNT RAISED: | | \$ _____ |



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