C95 Radio Marathon For Breast Cancer Research through the Saskatchewan Cancer Agency

Participant's Name	Mailing address	City/Town	Prov.
Postal Code	E-mail	Tel(day)	Tel (evening)

Page _____ of _____

Your Supporters' Information

PLEASE PRINT CLEARLY. No receipts can be issued without the complete name and address.

Receipts will be automatically issued for donations of $20 or more, or upon request.

Name	Mailing address	City/Town	Postal Code	Donation $
Phone	❒ Cash ❒MasterCard ❒ VISA ❒ AMEX ❒ Cheque **Payable to SK Cancer Agency**	Card # / / /	Exp date Mo Yr	CVV (# on back of card)
E-mail address:				

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TOTAL THIS SHEET

Cash $ _____

+ Cheques $ _____

+ CrCards $ _____

= **Total** $ _____

Rev. 04/16