Walker Name:	_	Phone number:		WALK FOR LUPUS			
Team/Captain:		Email:		CNITADIO			
Donor Name:			Address:	F	Phone:		Amt Donated
Email: □ I agree to allow Lupus Ontario to contact me by ema	ail regarding fo	uture events/newsletters.					\$20 🗆 \$50 🗆 OR \$
Credit Card Number: UISA MasterCard	AMEX	Expiry:/	City:	Province:	Postal Code		Tax Receipt Yes / No
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Email: □ I agree to allow Lupus Ontario to contact me by email reg	garding future e	events/newsletters.					\$20 🗆 \$50 🗆 OR \$
	AMEX	Expiry:	City:	Province:	Postal Code		Tax Receipt Yes / No
Donor Name:			Address:	F	Phone:		Amt Donated
Email: □ I agree to allow Lupus Ontario to contact me by email re	egarding future	events/newsletters.					\$20 🗆 \$50 🗆 OR \$
Credit Card Number: USA MasterCard	□ AMEX	Expiry: /	City:	Province:	Postal Code		Tax Receipt Yes / No
Donor Name:			Address: Phone:				Amt Donated \$20 □ \$50 □ OR \$
Email: ☐ I agree to allow Lupus Ontario to contact me by email reg	garding future e	events/newsletters.					Tax Receipt
	□ AMEX	Expiry:	City:	Province:	Postal Code	:	Yes / No
Please be advised that your full mailing address, including your postal code, is required to issue a tax Please return this form and all donations to: Total C							sh

receipt for donations of \$20.00 or more.

Lupus Ontario has a strict privacy policy to protect your rights and does not share any of your information.

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Please return this form and all donations to: LUPUS ONTARIO 285 Taunton Road East, Suite 4438 Oshawa ON L1G 3V2 Please do not send cash in the mail. Total Cash
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