

DONOR INFORMATION

NAME OF DONOR: _____
(or name of company) (First name) (Initial) (Surname)

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ E-MAIL: _____

Signature of donor (or company representative) Donation date

PAYMENT INFORMATION

- Cheque Enclosed
- Credit Card (Visa, MasterCard or American Express)

Card number: _____ Expiry date: _____

Name on card: _____

****Please make cheque payable to Athletics Canada
****Please indicate "Run Canada" on cheque memo space

