



# DRIFCan

Accelerating the Cure

Participant (First/Last Name):		
Address:		City:
Province/Territory:	Postal Code:	Telephone #:
Participant email: <input type="checkbox"/> I consent to receiving email from DRIFCan ( <a href="http://www.drifcan.com">www.drifcan.com</a> )		

Registered Charity # 832018279RR0001

Please make cheques payable to DRIFCAN

	Donor (First/Last Name):	Address:			Donation Amount
1	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan ( <a href="http://www.drifcan.com">www.drifcan.com</a> )	
2	Donor (First/Last Name):	Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan ( <a href="http://www.drifcan.com">www.drifcan.com</a> )	
3	Donor (First/Last Name):	Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan ( <a href="http://www.drifcan.com">www.drifcan.com</a> )	
4	Donor (First/Last Name):	Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan ( <a href="http://www.drifcan.com">www.drifcan.com</a> )	
5	Donor (First/Last Name):	Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan ( <a href="http://www.drifcan.com">www.drifcan.com</a> )	
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	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan ( <a href="http://www.drifcan.com">www.drifcan.com</a> )	
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