



Mail in or bring funds on run day.

Create your own RBC Race for the Kids webpage by registering for the event and encourage friends and family to donate. Visit raceforthekidsbc.com to get started.

DONATION FORM

SUNDAY, MAY 31, 2020

Cheques should be made payable to:
 BC Children's Hospital Foundation
 938 West 28th Avenue, Vancouver BC V5Z 4H4
Do not mail cash.

Name:	Telephone Number:
Address:	Postal Code:
School, Corporate or Community Team Name (if applicable) <input type="checkbox"/> YES	

Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name:	Address:	Amount:	Card # <input style="width:100%;" type="text"/>
Phone:	City: Postal Code:		Expiry Date: <input style="width:100%;" type="text"/> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque

TOTAL

--	--