

TRi KiDS Burnaby Sunday, May 31, 2015  
 TRi KiDS Okanagan Sunday, July 19, 2015



SunRype TRi KiDS Triathlon Donation Form

<b>Name:</b>	<b>Race:</b>
<b>Address/phone:</b>	

**Donor Information:**

First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Last Name:	Postal Code:		Credit Card #:	/	/	/	
	Phone:		Expiry Date:	/			
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Last Name:	Postal Code:		Credit Card #:	/	/	/	
	Phone:		Expiry Date:	/			
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Last Name:	Postal Code:		Credit Card #:	/	/	/	
	Phone:		Expiry Date:	/			
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Last Name:	Postal Code:		Credit Card #:	/	/	/	
	Phone:		Expiry Date:	/			
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Last Name:	Postal Code:		Credit Card #:	/	/	/	
	Phone:		Expiry Date:	/			
First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Last Name:	Postal Code:		Credit Card #:	/	/	/	
	Phone:		Expiry Date:	/			

Cheques should be made payable to BCCHF and dropped off at race kit pick up or on race day. Questions? [racedirectors@runwellevents.com](mailto:racedirectors@runwellevents.com)

**TOTAL** *Thank you for helping BC's kids!*