TRi KiDS Burnaby Sunday, June 1, 2014
TRi KiDS Okanagan Sunday, July 20, 2014

IN SUPPORT OF BC CHILDREN'S HOSPITAL FOUNDATION

SunRype TRi KiDS Triathlon Donation Form

Name: **Address/phone:**	**Race:**

Donor Information:

First Name: Last Name:	Address/City: Postal Code: Phone:	Amount:	❑ Cash ❑ Cheque ❑ VISA ❑ Mastercard ❑ Amex Credit Card #: / / / Expiry Date: /
First Name: Last Name:	Address/City: Postal Code: Phone:	Amount:	❑ Cash ❑ Cheque ❑ VISA ❑ Mastercard ❑ Amex Credit Card #: / / / Expiry Date: /
First Name: Last Name:	Address/City: Postal Code: Phone:	Amount:	❑ Cash ❑ Cheque ❑ VISA ❑ Mastercard ❑ Amex Credit Card #: / / / Expiry Date: /
First Name: Last Name:	Address/City: Postal Code: Phone:	Amount:	❑ Cash ❑ Cheque ❑ VISA ❑ Mastercard ❑ Amex Credit Card #: / / / Expiry Date: /
First Name: Last Name:	Address/City: Postal Code: Phone:	Amount:	❑ Cash ❑ Cheque ❑ VISA ❑ Mastercard ❑ Amex Credit Card #: / / / Expiry Date: /
First Name: Last Name:	Address/City: Postal Code: Phone:	Amount:	❑ Cash ❑ Cheque ❑ VISA ❑ Mastercard ❑ Amex Credit Card #: / / / Expiry Date: /
First Name: Last Name:	Address/City: Postal Code: Phone:	Amount:	❑ Cash ❑ Cheque ❑ VISA ❑ Mastercard ❑ Amex Credit Card #: / / / 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			**TOTAL** *Thank you for helping BC's kids!*