

**DONATION / PLEDGE PACKAGE**  Student  Adult I cannot participate this time but want to make a donation.

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Prov. \_\_\_\_\_ P. Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please Complete All Sections.  
Full address & phone # required.  
**A Tax Receipt Will Be Issued For  
Donations over \$10.**

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Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_  
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**DONATION Amount \$ \_\_\_\_\_**  
**Cheque  Cash**   
**Credit Card  submitted online  
at www.CanadaHelps.org  
for Lupus Society of Alberta  
Collected \_\_\_ Not Collected \_\_\_**

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Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_  
E-Mail \_\_\_\_\_

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