

BRAIN TUMOUR WALK 2023



Participant's Name:	_____
Team Name:	_____
Address:	_____
City, Prov:	_____
Postal Code:	_____
Phone:	_____
Email:	_____

Funds raised by this event will support and provide hope to the brain tumour community in Canada.
Thank you!

Please print clearly. Please make cheques payable to Brain Tumour Foundation of Canada.
Donations of \$20+ receive a tax receipt, for which a complete and legible mailing address is required.

Please visit our secure website braintumourwalk.ca to pay by credit card or call 1 800 265 5106.			Amount Collected:	Payment Method:
NAME:	<i>Example: Robert Smith</i>	TEL: 519-555-5555	\$ 100	Cash <input checked="" type="checkbox"/>
ADDRESS:	<i>123 Yonge St, Toronto</i>	PROV: ON		Chq <input type="checkbox"/>
EMAIL:	<i>bob@bob.com</i>	POSTAL CODE: L0L 1L0		
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THANK YOU!



Brain Tumour Foundation of Canada collects the personal information requested on this form to process payments. We may also communicate with you about our activities and programs. By completing this form, you hereby consent to the collection, use, and disclosure by Brain Tumour Foundation of Canada in accordance with our privacy policy: www.braintumour.ca/privacy. You can withdraw your consent at any time. If you have any questions, please call us on 1-800-265-5106.

Charitable Registration #: BN118816339RR0001.

Please return forms to: Brain Tumour Foundation of Canada, 205 Horton St E, Suite 203, London, ON N6B 1K7