

Registered Charity # 832018279RR0001

Please make cheques payable to DRIFCAN

Participant (First/Last Name):		
Address:		City:
Province/Territory:	Postal Code:	Telephone #:
Participant email:		
<input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		

1	Donor (First/Last Name):		Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		
2	Donor (First/Last Name):		Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		
3	Donor (First/Last Name):		Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		
4	Donor (First/Last Name):		Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		
5	Donor (First/Last Name):		Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		
6	Donor (First/Last Name):		Address:			Donation Amount
	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		
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	City:	Province/Territory:	Postal Code:	Email: <input type="checkbox"/> I consent to receiving email from DRIFCan (www.drifcan.com)		
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