

# LAWN SUMMER NIGHTS



**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**LSN City:** \_\_\_\_\_  
**Team Name:** \_\_\_\_\_

Please check this box if you are registered online with Lawn Summer Nights, and make sure you write your name exactly as you entered it online, so we can match your profile.

Please bring this form and all funds raised with you to the event and submit it to a LSN volunteer. All cheques can be made payable to Cystic Fibrosis Canada.

*If you prefer, you can mail this form and any funds to Lawn Summer Nights c/o Cystic Fibrosis Canada, 2323 Yonge St, Suite 800, Toronto, Ontario, M4P 2C9. Please do not mail cash.*

**PLEASE DO NOT MAIL CASH; PAY VIA CC OR CHEQUE**

|   |           |              |         | AMOUNT          |  |        | TAX RECEIPT REQUEST   |
|---|-----------|--------------|---------|-----------------|--|--------|---|
| CREDIT                                      |           | CASH         | CHEQUE  |                 |  |        |   |
| DONOR'S NAME (FIRST/LAST):                  |           |              |         | CREDIT CARD #:  |  |        | <input type="checkbox"/> Print<br><input type="checkbox"/> Electronic |
| STREET ADDRESS OR PO BOX (SUITE/APT./UNIT): |           |              |         | EXPIRY (MM/YY): |  | PHONE: |   |
| CITY:                                       | PROVINCE: | POSTAL CODE: | E-MAIL: |                 |  |        |   |
| DONOR'S NAME (FIRST/LAST):                  |           |              |         | CREDIT CARD #:  |  |        | <input type="checkbox"/> Print<br><input type="checkbox"/> Electronic |
| STREET ADDRESS OR PO BOX (SUITE/APT./UNIT): |           |              |         | EXPIRY (MM/YY): |  | PHONE: |   |
| CITY:                                       | PROVINCE: | POSTAL CODE: | E-MAIL: |                 |  |        |   |
| DONOR'S NAME (FIRST/LAST):                  |           |              |         | CREDIT CARD #:  |  |        | <input type="checkbox"/> Print<br><input type="checkbox"/> Electronic |
| STREET ADDRESS OR PO BOX (SUITE/APT./UNIT): |           |              |         | EXPIRY (MM/YY): |  | PHONE: |   |
| CITY:                                       | PROVINCE: | POSTAL CODE: | E-MAIL: |                 |  |        |   |
| DONOR'S NAME (FIRST/LAST):                  |           |              |         | CREDIT CARD #:  |  |        | <input type="checkbox"/> Print<br><input type="checkbox"/> Electronic |
| STREET ADDRESS OR PO BOX (SUITE/APT./UNIT): |           |              |         | EXPIRY (MM/YY): |  | PHONE: |   |
| CITY:                                       | PROVINCE: | POSTAL CODE: | E-MAIL: |                 |  |        |   |
| DONOR'S NAME (FIRST/LAST):                  |           |              |         | CREDIT CARD #:  |  |        | <input type="checkbox"/> Print<br><input type="checkbox"/> Electronic |
| STREET ADDRESS OR PO BOX (SUITE/APT./UNIT): |           |              |         | EXPIRY (MM/YY): |  | PHONE: |   |
| CITY:                                       | PROVINCE: | POSTAL CODE: | E-MAIL: |                 |  |        |   |

I am going to pay for the cash donations given to me using my own credit card:

Visa   
  MasterCard   
  AMEX

Name on Card: \_\_\_\_\_

Amount: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Signature: \_\_\_\_\_

**Receipts will be issued for all donation amounts of \$20 and over. All donor information (including address) MUST be completed in order to receive a tax receipt.**

|                    |    |    |    |
|--------------------|----|----|----|
| <b>TOTAL</b>       | \$ | \$ | \$ |
| <b>GRAND TOTAL</b> | \$ |    |    |

By completing this form and submitting to Cystic Fibrosis Canada, you hereby consent to the collection and use, by the organization of your personal information in accordance with Cystic Fibrosis Canada's Privacy Policy. Our policy details are available by sending an e-mail to [info@cysticfibrosis.ca](mailto:info@cysticfibrosis.ca) with "Attention Privacy Officer" in the subject line, or by contacting Cystic Fibrosis Canada at 1-800-378-2233. Charitable Registration: # 10684 5100 RR0001