



Buffalo Target Shooters Association
24th Annual Fundraiser

Event Name

Please complete this donation slip if you require
a tax receipt in support of the
Alberta Children's Hospital Foundation.

Donor Information

Donor Name

Address Line 1

Address Line 2

City, Province

Postal Code

Phone Number

Email Address

Donation Details

Amount

- Cash
- Cheque
- Credit Card

Credit Card Info

Card Number

Expiry

Name on Card

Signature of Card Holder



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