



DONOR INFORMATION

(Include cheque or money order with form).

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ PHONE: _____

E-MAIL ADDRESS: _____

ENCLOSED IS MY GIFT OF \$ _____

(Please make cheque or money order payable to The Keall Foundation).

WRISTBAND ORDER INFORMATION

(Include cheque or money order with form).

COST PER WRISTBAND: \$16.00 (U.S.) \$18.00 (CDN)

For international orders, please contact the Foundation.

NAME: _____ DATE: _____

QUANTITY: _____ SIZE: LARGE (8 3/8 " fits most adults) _____

QUANTITY: _____ SIZE: MEDIUM (7 3/8" fits small-framed adults) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ PHONE: _____

E-MAIL ADDRESS: _____

Please print out this document and mail with cheque or money order to:

The Keall Foundation
1719 Maple Street, Vancouver, BC V6J 3S5 Canada

The Foundation does not share or sell its donor information.