



HELP US CLIMB TO A CURE!

Yes, I would like to support Jacob's Ladder

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

The amount of my donation is: _____

Please find my cheque enclosed, made payable to Jacob's Ladder. _____

I prefer to pay by VISA, Card #: _____ Expiry _____

I prefer to pay by Mastercard, Card #: _____ Expiry _____

I would like to send out a donation card to:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Occasion: _____

Personal Message: _____

Signed: _____

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