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Last Name	First Name		Phone:
Address:	City:	Prov.	Postal Code:

Sponsor Name	Mailing Address	Email	Payment Type	Tax Receipt Check	Credit Card Type	Credit Card # (all 16 digits)	Expiry	Amount
John Smith	123 Main St, Toronto, ON M4Y 1H4, Canada	john@work.com	Credit Card Cash Cheque	\rightarrow	VISA	1234 1234 1234 1234	07 / 10	\$50
			Credit Card Cash Cheque					
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