



Dr. J. H. MacArthur D.D.S.

529 Queens Avenue

London, Ontario. N6B 1Y3

519 672-5600

To help raise awareness and funding, 8 members of our group will attempt to summit Mount Kilimanjaro, the highest peak on the continent. All sponsorship donations will go directly towards buying insecticide treated bed nets. For any donation over \$5000.00 we will provide a banner with your company logo to be photographed at the summit of Mount Kilimanjaro.

I'd like to make a gift of \$100.00 \$250.00 \$ 500.00 \$1000.00 Other _____

I would like to purchase _____(quantity) Brush Away Malaria bracelets (\$10.00 each).

I authorize Dr. MacArthur's office to put the above amount on my credit card

Card Type: Visa Mastercard

Card Number: _____ exp date: ____/____

I have enclosed a cheque (payable to Dr. Jonathan MacArthur)

RECEIPTS AVAILABLE FOR DONATIONS OVER \$20.00 (Including bracelets)

(Receipts will be issued by Health Bridge which is a registered Canadian Charity #129950051RR0001)

Please issue the receipt in the Name of _____

(Street)

(City)

(Postal Code)

Phone # : _____ Signature: _____