



I SUPPORT RÉPIT LE ZÉPHYR

\$500 \$250 \$100 \$50 \$25 \$ _____

Name			
Address:			
City:	Province :	Postal code:	
Phone:	E-mail:		
	<input type="checkbox"/> Check made out to: RÉPIT LE ZÉPHYR		
Signature:			
Tax receipt:	<input type="checkbox"/> Yes (minimum amount \$25) <input type="checkbox"/> No		



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