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Around the Island Race 2016

Land Charity Ergo Relay Challenge



Donation Form

Name of Participant: _

Donation Information

No.	Name		Amount	Receipt for Tax-Exempt
1.0.	Given Name	Family Name	(HKD)	Purpose (🗸 / 🗱)
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No.	Name		Amount	Receipt for Tax-Exempt
	Given Name	Family Name	(HKD)	Purpose (🗸 / 🗱)
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