

DONATION FORM



DONATION AMOUNT:

*Please write in BLOCK LETTERS

\$25 \$50 \$100 \$200 Other: \$ _____

I wish to receive a tax receipt (for donations under \$20).

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

E-mail: _____ By providing us with your e-mail address, you will receive communications from the Quebec Cancer Foundation.

I WOULD LIKE TO MAKE MY DONATION:

For the benefit of a fundraiser event for the Foundation: _____

In memory of (in memoriam): _____

Neither option

PERSON TO BE INFORMED OF THE IN MEMORIAM DONATION (IF APPLICABLE):

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Signature: _____

PAYMENT METHOD:

Check enclosed payable to the Quebec Cancer Foundation Visa Master Card Amex

Card number: _____

Expiry date: _____

THANK YOU FOR YOUR DONATION!

Head office of Quebec Cancer Foundation
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