

DONATION FORM



DONATION AMOUNT:

\$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: _____

I want to subscribe to the Foundation's newsletter (in French).

PAYMENT METHOD:

Check enclosed payable to the Quebec Cancer Foundation Visa MasterCard Amex

Card number: _____

Expiry date (month/year): _____ Signature: _____

I WOULD MAKE MY DONATION:

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

In memory of (in memoriam): _____

Neither option

PERSON TO BE INFORM OF THE DONATION IN MEMORIAM (if applicable):

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

THANK YOU FOR YOUR DONATION!

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cancerquebec.com

