

# Yes, I would like to make a donation to the Melanoma Network of Canada



## 1 DONOR CONTACT INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Business name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2 DONATION TYPE

General Donation  Gift in Memory of: \_\_\_\_\_  Gift in Honour of: \_\_\_\_\_

Send acknowledgment card to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

How would you like the card to be signed (name/names): \_\_\_\_\_

## 3 MY DONATION

I am enclosing a **one-time donation** of:  \$500  \$250  \$100  \$50  Other: \_\_\_\_\_

I would like to make a **monthly donation** of:  \$100/month  \$50/month  Other: \_\_\_\_\_/month

## 4 PAYMENT INFORMATION

Cheque  Money Order  Visa  Mastercard  Amex

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5 TAX RECEIPT INFORMATION

Tax receipt should be made out to:  Individual  Business

• Donations of \$25 or more will receive a tax receipt via mail

• Charitable # 854913050 RR0001

The Melanoma Network of Canada subscribes to:



Strong Charities. Strong Communities.

6 Please return this donation form to 482 South Service Rd East, Unit #110 Oakville, ON. L6J 2X6

# Thank You

For more information on our support and prevention programming visit [melanomnetwork.ca](http://melanomnetwork.ca) | 1.877.560.8035 | [info@melanomnetwork.ca](mailto:info@melanomnetwork.ca)