

Donation Form

PERSONAL INFORMATION

(One form per individual. Your personal information must appear on both the registration and donation forms.)

| | | | | |
|--------------|--------|-------------|----------|-------------|
| FIRST NAME | | LAST NAME | | |
| SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE |
| EMAIL | | TELEPHONE # | | |

Please make cheques payable to The Prostate Centre

PLEASE PRINT

DONATION AM'T

| | | | | | | | | |
|--|--|--------------|--------------|----------|---------------------------|----|--|----------|
| 1 | FIRST NAME | | LAST NAME | | | \$ | <input type="checkbox"/> CHECK IF RECEIPT REQUIRED | |
| | SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE | | | |
| | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD | | NAME ON CARD | | CARD # | | | EXPIRY |
| | E-MAIL | | TELEPHONE # | | | | | X |
| 2 | FIRST NAME | | LAST NAME | | | \$ | <input type="checkbox"/> CHECK IF RECEIPT REQUIRED | |
| | SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE | | | |
| | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD | | NAME ON CARD | | CARD # | | | EXPIRY |
| | E-MAIL | | TELEPHONE # | | | | | X |
| 3 | FIRST NAME | | LAST NAME | | | \$ | <input type="checkbox"/> CHECK IF RECEIPT REQUIRED | |
| | SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE | | | |
| | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD | | NAME ON CARD | | CARD # | | | EXPIRY |
| | E-MAIL | | TELEPHONE # | | | | | X |
| 4 | FIRST NAME | | LAST NAME | | | \$ | <input type="checkbox"/> CHECK IF RECEIPT REQUIRED | |
| | SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE | | | |
| | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD | | NAME ON CARD | | CARD # | | | EXPIRY |
| | E-MAIL | | TELEPHONE # | | | | | X |
| 5 | FIRST NAME | | LAST NAME | | | \$ | <input type="checkbox"/> CHECK IF RECEIPT REQUIRED | |
| | SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE | | | |
| | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD | | NAME ON CARD | | CARD # | | | EXPIRY |
| | E-MAIL | | TELEPHONE # | | | | | X |
| 6 | FIRST NAME | | LAST NAME | | | \$ | <input type="checkbox"/> CHECK IF RECEIPT REQUIRED | |
| | SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE | | | |
| | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD | | NAME ON CARD | | CARD # | | | EXPIRY |
| | E-MAIL | | TELEPHONE # | | | | | X |
| 7 | FIRST NAME | | LAST NAME | | | \$ | <input type="checkbox"/> CHECK IF RECEIPT REQUIRED | |
| | SUITE/APT. # | STREET | CITY | PROVINCE | POSTAL CODE | | | |
| | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD | | NAME ON CARD | | CARD # | | | EXPIRY |
| | E-MAIL | | TELEPHONE # | | | | | X |
| <input type="checkbox"/> CHARGE ALL DONATIONS TO MY CREDIT CARD AMOUNT TO BE CHARGED \$ | | CARD # | EXPIRY | | TOTAL DONATIONS \$ | | | |
| | | NAME ON CARD | | | | | | |

TAX RECEIPT INFORMATION Receipts will automatically be issued for donations of \$20 or more. For donations of less than \$20 receipts will be issued upon request. Donor's name & address must be complete & legible to receive a tax receipt. NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act & policies of Canada Revenue Agency.
 The Prostate Centre Charitable Registration Number: BN 86665 8230 RR0001