

By providing this information you consent for the Sarcoma Cancer Foundation of Canada (SCFC) to collect, disclose, and use it for follow-up contacts, statistical purposes, and to process and recognize donations. Information will be disclosed to employees of SCFC as necessary to accomplish these purposes. Name, and contract information are optional. If you do not wish to be identified, please enter "Anonymous" for both the first and last names. Tax receipts cannot be issued to anonymous donors.

Please print and complete the following form.

DONATION INFORMATION

Title _____ First Name _____ Last Name _____

Organization Name (if applicable) _____

Suite/Apt _____ Street _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Please provide us with a phone number or email address to ensure we have a means of contacting you if we have questions regarding your donation.

PAYMENT INFORMATION

(Make cheques payable to the Sarcoma Cancer Foundation of Canada)

I would like to make a donation to the Sarcoma Cancer Foundation of Canada in the amount of:

\$25 \$50 \$100 \$250 Other \$ _____

PAYMENT METHOD

Select Method: Credit Card Cash Cheque

Card Type: Visa Mastercard Amex

Card # _____ Expiry: _____ 3 digit CVV code: _____

Cardholder Name _____ Signature _____ **TOTAL DONATION**

Authorization - I authorize the Sarcoma Cancer Foundation of Canada to charge C\$ _____ to my credit card.

SUBMITTING YOUR FORMS

If you wish, please use the back of this printed form to tell us why you have chosen to donate to the Sarcoma Cancer Foundation of Canada

Please complete this form and return to:
Sarcoma Cancer Foundation of Canada
2 St. Clair Ave. W, 18th Floor
Toronto, ON M4V 1L5

Tel: (647)-255-8123
E: info@sarcomacancer.ca

Registered charity no. 824073860 RR0001

www.sarcomacancer.ca