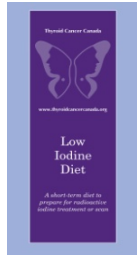
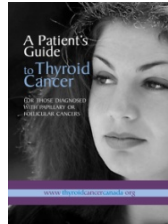




# Thyroid Cancer Canada Order Form

01/08/10

## Publication/ Product



## Quantity (circle)

- |  |    |    |    |     |             |
|--|----|----|----|-----|-------------|
| 1. Info Card - English   | 25 | 50 | 75 | 100 | other _____ |
| Info Card - French   | 25 | 50 | 75 | 100 | other _____ |
| 2. Booklet -- <i>A Patient's Guide to Thyroid Cancer, for Those Diagnosed with Papillary or Follicular Cancers</i> |    |    |    |     |             |
| English  | 25 | 50 | 75 | 100 | other _____ |
| French   | 25 | 50 | 75 | 100 | other _____ |
| 3. Low Iodine Diet -- Informational pamphlet and food guide  |    |    |    |     |             |
| English  | 25 | 50 | 75 | 100 | other _____ |
| French   | 25 | 50 | 75 | 100 | other _____ |

[www.thyroidcancerCanada.org](http://www.thyroidcancerCanada.org)

**As a charitable organization providing free resources and services we greatly appreciate donations made by clinicians to help support our initiatives. All donations are acknowledged with a receipt for tax purposes.**

I enclose a donation in the amount of: \_\_\_\_\_

**Mail to:** Name and Address in Full \_\_\_\_\_  
 (print clearly) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

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

**Send Form to:**  
 Thyroid Cancer Canada  
 PO Box 23007  
 550 Eglinton Ave. West  
 Toronto, ON M5N 3A8

**Fax: 416-487-0601**

**I would like to include Thyroid Cancer Canada in an event as follows:** \_\_\_\_\_  
 (attach page with more details)

**I would like to have Thyroid Cancer Canada give a presentation or in-service as follows:** \_\_\_\_\_  
 (attach page with more details)

**As a registered Canadian Charitable Organization, we welcome donations and acknowledge them with an official receipt for tax purposes (BN # 86306 9464 RR0001)**