



Thyroid Cancer Canada
Cancer de la thyroïde Canada

INFORM. SUPPORT. EMPOWER.

Donation Form

You can help Thyroid Cancer Canada provide free resources and support to help patients cope with diagnosis, treatment and living with thyroid cancer.

Name:

Organization Name (if applicable):

Address (Number and Street):

Apt., Unit, P.O. Box #:

City:

Prov:

Postal Code:

Home or Business Tel #:

Cell #:

E-Mail:

ONE-TIME DONATION:

Yes, I would like to support **Thyroid Cancer Canada** with a one-time gift of:

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$

RECURRING DONATIONS: (please select a schedule)

I would like to donate \$ ☐ weekly ☐ monthly ☐ quarterly ☐ yearly

☐ I would like the recurring payments to continue indefinitely.

☐ I would like the recurring payments to end after (enter number) payments.

☐ I will send Thyroid Cancer Canada a notice if I decide to stop, or change this recurring payment. 30 day notice required.

OPTIONAL INFORMATION: (this information is optional)

This gift is ☐ in memory of ☐ in honour of:

PLEASE SEND ME A GIFT: (optional)

☐ Butterfly bead bracelet (minimum \$30 donation) ☐ Butterfly silk scarf (minimum \$50 donation)

Thyroid Cancer Canada, 308 Main Street, First Floor, Toronto, ON M4C 4X7 Canada

Tel: (English) 416 487 8267 Tel: (French) 514 312 2390 Fax: 416 487 0601

Email: info@thyroidcancercanada.org Website: www.thyroidcancercanada.org

Please sign on the next page...

PAYMENT OPTIONS

Based on the one-time or recurring amount selected or specified on the previous page:

1. CREDIT CARD: (for one-time or recurring donations)

Please charge my credit card: ☐ Visa ☐ MasterCard ☐ Amex

Name as it appears on card:

Card Number:

Expiry Date:

CVV Number:

2. BANK ACCOUNT: (for one-time or recurring donations)

I authorize **Thyroid Cancer Canada** to withdraw from my bank account: ☐ Savings ☐ Checking

Name of Bank:

Transit Number:

Institution Number:

Account Number:

☐ Void cheque enclosed.

☐ I will send Thyroid Cancer Canada a notice if I decide to stop, or change this recurring payment. 30 day notice required.

3. CHEQUE: (for one-time donation)

For one-time donations, you can simply include a cheque with this form.

☐ Cheque enclosed. Please make cheque payable to **Thyroid Cancer Canada**.

☐ Please send a tax receipt. Tax receipts will only be issued for donations of \$25 or more.

.....
Donor's Signature

.....
Date

SUBMISSION OPTIONS:

Mail: Thyroid Cancer Canada
308 Main Street, First Floor,
Toronto, ON M4C 4X7 Canada
Fax: 416 487 0601
Email: info@thyroidcancercanada.org

Submissions are accepted by mail (with or without a cheque), fax or scanned documents by email.



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