



Thyroid Cancer Canada  
Cancer de la thyroïde Canada

INFORM. SUPPORT. EMPOWER.

## Patient Introduction Package - Order Form

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

Please select each publication by circling the quantity, or entering the number of copies required:

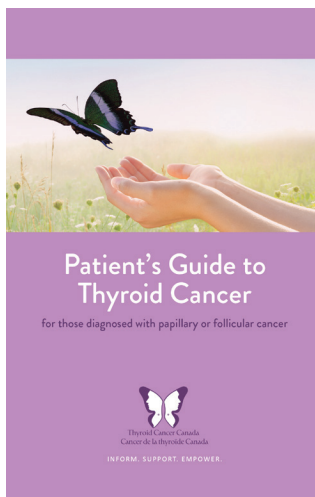
### Thyroid Cancer Canada Patient Introduction Package



**Info Card**  
2-sided bilingual card.



**Low Iodine Diet - a short term diet to prepare for radioactive iodine treatment**  
20-page booklet, separate English and French versions.



**Patient's Guide to Thyroid Cancer - for those diagnosed with papillary or follicular cancer**  
32-page brochure, separate English and French versions.

### Info Card

Language	Qty	Other
Bilingual	1	

### Low Iodine Diet

Language	Qty	Other
Eng	1	
French	1	

### Patient's Guide to Thyroid Cancer

Language	Qty	Other
Eng	1	
French	1	

Please allow 2 to 4 weeks for your order to be delivered. Thank you for your patience.

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: .....

Please sign on the next page...

**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](mailto:info@thyroidcancercanada.org) Website: [www.thyroidcancercanada.org](http://www.thyroidcancercanada.org)

**As a charitable organization providing free resources and services we greatly appreciate donations made by individuals or organizations to help support our initiatives.**

**ONE-TIME DONATION:** (optional)

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

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

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**RECURRING DONATIONS:** (optional, 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.

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**PAYMENT OPTIONS**

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

**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: .....

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**2. 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.**

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

.....  
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](mailto:info@thyroidcancercanada.org)

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



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