

GENERAL DONATION FORM AND SPONSORSHIP

REGISTRATION TYPE

I make a donation to **PROCURE**

I sponsor a walker

Enter the name of the walker: \_\_\_\_\_

I sponsor a team

Enter the name of the team: \_\_\_\_\_

CONTACT

Mr  Mrs

\_\_\_\_\_  
First Name\*

\_\_\_\_\_  
Last Name\*

\_\_\_\_\_  
Street Number, Street Name (or Post Office Box & Station or Rural Route Number)\*

\_\_\_\_\_  
City\*

\_\_\_\_\_  
Province\*

\_\_\_\_\_  
Postal code\*

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail Address

**\* Indicates required information for a tax receipt**

Please send me updates / newsletters via e-mail

Please send me information by mail

Veuillez correspondre avec moi en français

DONATION

Here is my donation of: \$ \_\_\_\_\_ \*

This is a single gift amount

This is a monthly donation to the 15<sup>th</sup> day of each month.

(I understand that I may cancel this agreement at any time by calling 1-866-899-CURE)

**Note : For automatic deductions from your bank account, please attach to this form a check marked "VOID"**

PRIVACY POLICY

I want my name kept confidential and not included in the list of sponsors/donors.

I want that the amount of my donation to be confidential

PAYMENT OPTIONS

Check - Check enclosed made payable to **PROCURE**

Credit card :      

Card Number: \_\_\_\_\_ Security Number (last 3 digits on back of the card): \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An income tax receipt for donations of \$ 25 or more will be issued upon request

I would like to have a receipt

**Please send this form by mail to the following address:**

1320 Graham Blvd. Suite 123, Ville Mont-Royal (Quebec) H3P 3C8

T. 514-341-3000 F. 514-341-4445 1-866-899-CURE

Registered Charity 86394 4955 RR0001