



Donation Form

Donor Name (please print): _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Amount of Donation: _____

This gift is in memory of:

Name of deceased: _____

This gift is for a special occasion:

Birthday Anniversary Wedding Other _____

Name of honouree: _____

Please send notification of this gift to:

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Please use my gift for:

- Where most needed
 A specific program at the Windsor Regional Cancer Centre: _____

Method of Payment:

- Cheque (please make payable to Cancer Centre Foundation)
 VISA - Card No. _____
(this number will not be kept on file)

Expiry: _____ Signature: _____

Please mail or fax this form with your donation to:
Cancer Centre Foundation
2220 Kildare Rd.,
Windsor, ON N8W 2X3
Fax Number: (519) 255-8676

An official receipt will be issued for tax purposes. Charitable Reg. No. 89049 3562 RR0001.