Immunodeficiency Canada
Immunodéficience Canada

In Memoriam Form

In memory of _____

Please send an acknowledgment to:

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other _____ (Please print or type)

First name_____ Last Name _____

Address _____

City _____Province _____Postal Code_____

Personalized Message:

_____

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Donor Information (please send tax receipt to):

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other _____

First name_____ Last Name _____

Business (if applicable)_____

Address _____

City _____Province _____Postal Code_____

Telephone _____ Email _____

Payment Information

☐ Cheque (made payable to the Immunodeficiency Canada)

☐ I authorize Immunodeficiency Canada to charge my donation of $_____to my credit card.

Credit card information ☐ Visa ☐ MasterCard ☐ American Express

Card number _____ Expiry date _____

Signature _____

Fax to 416-964-6594 or

mail to Immunodeficiency Canada, Suite 1604, 415 Yonge Street, Toronto, Ontario, M5B 2E7

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