



# Single Gift Donation Form

## Donation Form

Please print and complete this form then send to:

**Fax (902) 628-8281**

or mail to: **Canadian Cancer Society - PEI Division, 1 Rochford Street, Charlottetown PE C1A 9L2**

**Donation type:**

- General
- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_

**Acknowledgement card recipient details:**

- No Card Required
- Please send acknowledgment card to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Message:

Card Signed from: \_\_\_\_\_

**Payment Details:**

- \$250
- \$100
- \$50
- \$25
- other \_\_\_\_\_

Cheque ( Please make payable to: Canadian Cancer Society)

Credit Card:  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

**Please send tax receipt to:**

- Mr
- Mrs.
- Ms
- Dr.

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

The Canadian Cancer Society respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. From time to time we send information about supporting the work of the Canadian Cancer Society. We do not sell, trade or otherwise share our mailing lists. However, if at any time you wish to be removed from any mailing, please contact us by phone at 1-866-566-4007 or by e-mail at info@pei.cancer.ca.