



BREAST CANCER SOCIETY  
of Canada™  
LA SOCIÉTÉ DU CANCER DU SEIN  
du Canada™

# YES! I would like to help in the fight against Breast Cancer

## Donor Information:

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

## Donation Type:

- General Donation     Memorial Donation     In Honour of Donation  
 Other \_\_\_\_\_

BCSC will forward an acknowledgement card if the information below is provided:

In Memory of: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

In Honour of: \_\_\_\_\_

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

## Method of Payment:

Amount of Donation: \$ \_\_\_\_\_

- Cheque/Money Order     Visa     MasterCard     American Express

Credit Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CVV# \_\_\_\_\_  
(Month/Year) (3-4 digit number on back of card)

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