



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)

Breast Cancer Society of Canada
 National Office
 420 East Street North, Sarnia, ON N7T 6Y5
 Tel: 519-336-0746 • Fax: 519-336-5725 • Toll Free 1-800-567-8767
 e-mail: bcsc@bcsc.ca • website: www.bcsc.ca