

By providing this information you consent for the Sarcoma Cancer Foundation of Canada (SCFC) to collect, disclose, and use it for follow-up contacts, statistical purposes, and to process and recognize donations. Information will be disclosed to employees of SCFC as necessary to accomplish these purposes. Name, and contract information are optional. If you do not wish to be identified, please enter "Anonymous" for both the first and last names. Tax receipts cannot be issued to anonymous donors.

Please print and complete the following form.

**DONATION INFORMATION**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Suite/Apt \_\_\_\_\_ Street \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please provide us with a phone number or email address to ensure we have a means of contacting you if we have questions regarding your donation.

**PAYMENT INFORMATION**

(Make cheques payable to the Sarcoma Cancer Foundation of Canada)

I would like to make a donation to the Sarcoma Cancer Foundation of Canada in the amount of:

\$25     \$50     \$100     \$250     Other \$ \_\_\_\_\_

**PAYMENT METHOD**

Select Method:     Credit Card     Cash     Cheque

Card Type:     Visa     Mastercard     Amex

Card # \_\_\_\_\_ Expiry: \_\_\_\_\_ 3 digit CVV code: \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_ **TOTAL DONATION**

**Authorization** - I authorize the Sarcoma Cancer Foundation of Canada to charge C\$ \_\_\_\_\_ to my credit card.

**SUBMITTING YOUR FORMS**

If you wish, please use the back of this printed form to tell us why you have chosen to donate to the Sarcoma Cancer Foundation of Canada

Please complete this form and return to:  
Sarcoma Cancer Foundation of Canada  
2 St. Clair Ave. W, 18th Floor  
Toronto, ON M4V 1L5

Tel: (647)-255-8123  
E: info@sarcomacancer.ca

Registered charity no. 824073860 RR0001

[www.sarcomacancer.ca](http://www.sarcomacancer.ca)