



WMFC

Waldenstrom's Macroglobulinemia
Foundation of Canada

DONOR FORM

PRINT AND MAIL TO ADDRESS BELOW

(To be used if Donation is not made on-line)

The WMFC is grateful for your donation. This gift will assist us in continuing to provide member services and programs, as well as to support the research giving hope to all those living with WM. A Canadian tax receipt will be issued for all donations of \$25 or greater.

DONOR CONTACT INFORMATION: (Required to issue Canadian Tax receipts).

DONOR NAME: _____

ADDRESS: _____

TOWN/CITY: _____ PROVINCE: _____ P/C _____

TELEPHONE#: _____ EMAIL: _____

GIFT INFORMATION (optional): (Would you like us to send a card to the Name below?) Y ___ N ___

PLEASE MAKE MY GIFT: **IN HONOUR OF** _____ **IN MEMORY OF** _____

IN MEMORY/IN HONOUR OF: NAME: _____

FAMILY NAME: _____ EMAIL: _____

ADDRESS: _____

_____ P/C _____

PAYMENT INFORMATION:

CHEQUE ENCLOSED \$ _____ VISA _____ MASTERCARD _____

Please make cheque payable to "WMFC".

CARD# _____ CVC# _____

EXPIRATION DATE: _____ AMOUNT: _____

SIGNATURE: _____

THANK YOU

ADDRESS:

WMFC

**55 Albert Street Unit #100.
Markham, Ontario L3P 2T4**

**Charitable Registration # 867552713RR0001
Email: info@WMFC.ca**