

info@procure.ca

1 855-899-2873 • 514-341-3000

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Donation amount \$ I sponsor  a participant  a team Name \_\_\_\_\_  
*of the participant / of the team*

## Informations about the donor

All fields are mandatory

Title \_\_\_\_\_ Full name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Phone number \_\_\_\_\_

## Corporate donations

Check this box if the tax receipt should be issued in the name of a company

Name of the company \_\_\_\_\_

## Payment Method

# CVV   Visa  Master Card  American Express  Cheque\*  
Card Number   
Name of the card holder \_\_\_\_\_  
Expiration Date  Signature \_\_\_\_\_  
*\* Make cheques payable to PROCURE*

## Confidentiality Policy

I would like my name kept confidential and not included in the list of participants  I do not wish to receive the PROCURE newsletter by e-mail  
 I would like the amount of my donation to be kept confidential  I do not wish to receive information by mail  
 SVP, correspondre avec moi en français

*Thank you for supporting PROCURE in the fight against prostate cancer*

Please send this form with your donation to PROCURE by fax or by mail:

PROCURE, 1320, Graham Boulevard, Suite 110, Town of Mount-Royal, QC H3P 3C8 • F : 514 341-4445 • Registration N°: 86394 4955 RR0001