

# Donation Form



info@procure.ca

1 855 899-2873 | 514 341-3000

procure.ca

Donation amount \_\_\_\_\_ \$

## 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

I would like the amount of my donation to be kept confidential

I do not wish to receive the PROCURE newsletter by e-mail

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