

Donation Form



info@procure.ca		1 855-899-28	73 • 514-3	41-3000			procure.ca
Donation amount	\$ Isponso	or 🗌 a participant	☐ a team	Name	ofi	the participar	nt /of the team
Informations abou	ut the dono						All fields are mandatory
Title Full nan	ne						
Address							
City							
Province			Postal Coc	le			
E-mail address							
Phone number							
Check this box if the Name of the company. Payment Method	•						
# CVV	□ Visa □	☐ Master Card	☐ American	Express	☐ Cheq	ue*	
Card Number							
Name of the card holder	<u></u>						
Expiration Date	* Make cheques	payable to PROCURE	Signature				
Confidentiality Po	olicy						
☐ I would like my name kept list of participants ☐ I would like the amount of			☐ I do not \	wish to receive wish to receive espondre avec	information	by mail	r by e-mail

Thank you for supporting PROCURE in the fight against prostate cancer