

Registration Form



info@procure.ca

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procure.ca

Registration Fee: 30 \$

Informations about the participant

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