

## **Donation Form**



info@procure.ca	1 855-8	99-2873 • 514-341-3000	procure.ca
Donation amount	\$	l sponsor a quatutor:	Name of the team
Informations abou	it the donor		All fields are mandatory
Title Full nam	e		
Address			
City			
Province		Postal Code	
E-mail address			
Phone number			
Name of the company  Payment Method			
# CVV	☐ Visa ☐ Master Ca	ard   American Express	Cheque*
Card Number			
Name of the card holder			
Expiration Date		Signature	
	* Make cheques payable to P	_	
Confidentiality Po	licy		
list of participants	confidential and not included in	I do not wish to receive infor	

Thank you for supporting PROCURE in the fight against prostate cancer