

# 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

- |                                                                                         |                                                                                    |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> I would like my name kept confidential                         | <input type="checkbox"/> I do not wish to receive the PROCURE newsletter by e-mail |
| <input type="checkbox"/> I would like the amount of my donation to be kept confidential | <input type="checkbox"/> I do not wish to receive information by mail              |
|                                                                                         | <input type="checkbox"/> 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, Mount-Royal, QC H3P 3C8 ● F: 514 341-4445 ● Registration N°: 86394 4955 RR0001