



I would like to make a recurring donation of: \$ 50 / month \$ 25 / month Other: _____ / month

I would like to make a one-time general donation of: \$ 500 \$ 250 \$ 100 \$ 50 Other: _____

First Name : _____ Last Name : _____

Address: _____ Suite: _____

City: _____ Prov. / State: _____ Postal Code / Zip _____

Country: _____ Home phone: _____

E-mail : _____

Cheque or money order payable to: Kidney Cancer Canada.

Please charge the above amount to my credit card. *(please complete credit card information below)*

Credit Card Information: Visa MasterCard American Express

Name on Card: _____

Card number: _____ Expiry date: _____

CVV Code : _____ Signature : _____

Type of donation:

General Donation

In Memory

In Honour

Donation made in memory or in honour of: _____

Send condolence card to:

First Name : _____ Last name : _____

Address : _____ Suite: _____

City: _____ Prov./State: _____ Postal Code / Zip _____

Country : _____

Personal message and signature(s): _____

Thank you for supporting Kidney Cancer Canada

Each and every donation will go towards Kidney Cancer Canada's charitable programs and research.

Please mail this pledge card along with your donation to:
Kidney Cancer Canada, 3-251 Queen Street South, Suite 561, Mississauga, ON L5M 1L7

Charitable registration
821670155 RR0001

I would like to learn more about volunteering for Kidney Cancer Canada. Please contact me.