

Cancer
du rein
CANADA



Kidney
Cancer
CANADA

SUPPORT
KIDNEY CANCER PATIENTS



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

I would like to make a one-time donation of: ☐ \$ 25 ☐ \$ 50 ☐ \$ 100 ☐ \$ 250 ☐ \$ 500 ☐ Other: _____

First Name : _____ Last Name : _____

Address: _____ Suite: _____

City: _____ Province : _____ Postal Code : _____

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

Designation:

☐ Area of greatest need

☐ Patient & Caregiver Support

☐ Research

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
Every donation will support a kidney cancer patient in Canada

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
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