



BREAST CANCER SUPPORT CANADA

Donation Form

Please print and complete the following information.

I would like to make a **one-time donation / monthly donation*** (please circle one) to Willow Breast Cancer Support Canada in the amount of (circle or fill in your desired amount)

\$18 \$25 \$50 \$75 \$100 Other: \$ _____

For my **monthly donation: I have enclosed a **cheque** marked VOID / please charge my monthly gift to my **credit card** (please circle one)*

Donation Information

First Name:		Last Name:	
Organization Name (if applicable):			
Address Line 1:			
Address Line 2:			
City:	Province:	Postal Code:	
Phone No:		Fax No:	
Email Address:			

Payment method (please circle one)

Visa MasterCard Cheque Cash

Card Number: _____

Expiry Date: ____ / ____

Signature: _____

Please make cheques payable to "Willow Breast Cancer Support Canada."

Printed forms can be mailed or faxed to:

Willow Breast Cancer Support Canada

30 St. Patrick Street, 4th Floor

Toronto ON M5T 3A3

Tel: 1.800.778.3100 Fax: 416.778.8070

Together we are making sure no one needs to face breast cancer alone.

By providing this information, you consent for Willow Breast Cancer Support Canada (Willow) to collect and use it for follow up contact, statistical purposes and to process and recognize donations. Information will be disclosed to employees and agents of Willow as necessary to accomplish these purposes. If you do not wish to be identified please enter "Anonymous" for both the first and last name. Tax receipts cannot be issued to anonymous donors.