

## Donation Form

### Instructions

1. Print this form.
2. Complete **My Contact Information**, **My Gift** and **My Payment Information** sections.
3. Fax (credit card only) or mail a completed form to Cystic Fibrosis Canada. The contact information is listed at the end of this form.

### My Contact Information:

This donation is made on behalf of:  an individual  an organization

Mr.  Mrs.  Ms.  Miss  Dr. Other: \_\_\_\_\_

First Name (s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please provide a contact phone number or email address to ensure we have a means of contacting you if we have a question regarding your donation.*

### My Gift:

Type of donation  General  In Memory  In Honour/Special Occasion

Gift in memory of: \_\_\_\_\_  
Name of deceased

Gift in honour of: \_\_\_\_\_  
Name of honouree(s)/Special Occasion

**For in memory or in honour/special occasion donations, send Acknowledgement card to:**

Mr.    Mrs.    Ms.    Miss    Dr.   Other: \_\_\_\_\_

First Name(s): \_\_\_\_\_ Last Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

*If you would like a special message added to the card, please provide it below:*

**Acknowledgement message:**

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**My Payment Information:**

- Enclosed cheque or money order payable to *Cystic Fibrosis Canada*  
 Please charge the following amount to my credit card:  
*(Please complete credit card information below)*

Donation amount:  \$35    \$50    \$75    \$100    Other: \_\_\_\_\_

Credit Card information:    Visa    MasterCard    American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

E-Receipt:                       Mail Receipt:

Your gift of \$20 or more will be receipted. Gifts of less than \$20 are receipted only upon request.



2323 Yonge Street, Suite 800  
Toronto, Ontario M4P 2C9  
T/Tél. 416-485-9149 · 1-800-378-2233  
F/Télé. 416-485-0960  
info@cysticfibrosis.ca  
www.cysticfibrosis.ca  
www.fibrosekystique.ca

My employer has a matching gift program. This gift will be matched by: \_\_\_\_\_

Matching gift form:       Enclosed       To Follow

In order to acquire new donors, we sometimes share our mailing list with other charitable organizations. If you would prefer not to have your name included in this program, please check this box.

Fax (credit card only) or mail your completed form with donation to:

Cystic Fibrosis Canada  
2323 Yonge Street, Suite 800  
Toronto, ON M4P 2C9  
Fax: (416) 485-5707

*Or call 1-800-378-2233 ext. 250 to make a credit card donation by phone.*

**Thank you for your donation to Cystic Fibrosis Canada**