Donation Form

Asthma.ca^{*} Asthma Canada

> Please print and complete this form then mail or fax to: Mail: Asthma Canada, 401-124 Merton Street, Toronto, ON, M4S 2Z2 Fax: 416-787-5807 (Attn: Fundraising)

Donation Type General donation Monthly Donation In memory of: In honour of:				
Donor Information				
Organization Name (if applicable): Title:		□Ms.		:
City: Phone:	Province:	Postal Code:		
Donation Details				
I am donating:	□ \$50 □ \$35 le to Asthma Canada)	🗌 Other: <u>\$</u>		
Please bill my VISA Cardholder Name:	-	American Express		
Card Number:	CVC:			
Signature:				
Please Note: An official tax receipt will be issued for all donations \$10 and over, unless otherwise requested.				
 Monthly Donations Only Option 1: Please withdraw the amount from my bank account each month. I have enclosed a void cheque. Option 2: Please charge my credit card each month for the amount indicated above. My credit card number is written above. Please Note: An official tax receipt for your total year's contribution will be sent to you in January. 				
Acknowledgement Card				
□ No acknowledgement card i	s required			
If donation is in memory or in honour, please send acknowledgement card to:				
First Name:	Last Name:			
Address:	Dana dia ang	De stal Carla		
City: Personal Message:		Postal Code:		
If you would like to receive updates from Asthma Canada in the future, please check this box: 🔲				
Office Use: Donor ID:	Donation Date:		Receipted Dat	:e:

Thank You!

Mail/fax or email your gift to: Asthma Canada, 401-124 Merton St., Toronto, ON, M4S 2Z2. Fax: 416-787-5807 Email: info@asthma.ca