



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: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name : \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code : \_\_\_\_\_

Province \_\_\_\_\_ Telephone: \_\_\_\_\_

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 a card to:

First Name : \_\_\_\_\_ Last name : \_\_\_\_\_

Address : \_\_\_\_\_ App./Suite: \_\_\_\_\_

City: \_\_\_\_\_

Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Personal message and signature(s): \_\_\_\_\_

**Thank you for supporting Kidney Cancer Canada**  
Every donation will help a kidney cancer patient in Canada