

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: _____ App.: _____

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

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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