



Alberta Cancer FOUNDATION

Please mail this form with your donation to:

Alberta Cancer Foundation
710-10123 99 St. NW Edmonton, AB T5J 3H1

PERSONAL INFORMATION - print your name clearly as you wish it to appear on tax receipt

Name _____

Mailing Address _____

City, Province _____

Postal
Code _____

Phone (mandatory for Credit Card payments) _____

Twitter Handle _____

Email Address _____

GIFT INFORMATION

This gift is a: One-time gift Monthly gift

Gift Amount: \$ _____

If the Gift is for an Event Participant:

I do not want my name to appear on the participant's
online honour roll

Event Name: _____

Participant Name: _____

Team Name (if applicable): _____

PAYMENT OPTIONS

Personal Cheque

Please make cheque payable to the
Alberta Cancer Foundation.

Credit Card

Card # _____

Visa Mastercard Amex Exp Date _____

Cardholder
Name _____

Signature _____ Date _____

For Monthly Giving ONLY:

I authorize the Alberta Cancer Foundation to deduct the amount indicated from my bank account or credit card on
the 1st or 15th day of every month (please check one).

Start Date (mm/yyyy)

End Date (mm/yyyy)

I understand that I will receive an annual tax receipt for total donations of the year.

Mail donations to the address at the top of this form. Each cheque must accompany a donation form. All donations will be credited in Canadian dollars. We cannot accept cash donations in the mail. All donations over \$20 will receive a tax receipt in the mail. Donations are non-refundable and non-transferable. Thank you again for your generous contribution.