



PRINT & SEND MONTHLY DONATION FORM

Simply click on the "print" button at the top of this page to print a copy of this form.

Please mail your tax-deductible donation with this form to:

Cystinosis Awareness and Research Fund

P.O. Box 34
Waterloo, Ontario N2J 3Z6
Canada
Phone: 519.880.9495
Fax: 416.969.7420

Title: _____
First Name: _____
Last Name: _____

Home Address

Address: _____
City: _____
Province: _____
Postal Code: _____
Country: _____
Phone: _____
Fax: _____
Email: _____

If you would like to make this contribution in someone's honor, please let us know the honoree's name in the text box below. If you would also like us to send them an acknowledgment, please include their address.

Honoree Name: _____
Honoree Address: _____

Add me to the Newsletter List

Contribution Amount (please check one)

I prefer to support the Cystinosis Awareness and Research Effort with 12 monthly gifts of:

\$300 \$200 \$100 \$50 Other Amount []

Payment Options

I would like to charge my contribution

Card Type: _____

Card Number: _____

Card Exp (MM/YYYY): _____

I have enclosed a cheque payable to the Canada Gives and in the memo indicated Cystinosis Awareness and Research Fund.

I acknowledge that the Cystinosis Awareness and Research Fund through Canada Gives will provide donations receipts for donations greater than \$50.

Thank you for your help.

*You will receive acknowledgment for tax purposes in the mail, for donations of \$50 or more, from Canada Gives.
Registered Charity # 83306 2144 R0001*