

# TESTICULAR CANCER CANADA

I would like to make a recurring donation of:  \$ 50 / month  \$ 25 / month  Other: \_\_\_\_\_ / month

I would like to make a one-time general donation of:  \$ 500  \$ 250  \$ 100  
 \$ 50  Other: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Prov. / State: \_\_\_\_\_ Postal Code / Zip \_\_\_\_\_

Country: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail : \_\_\_\_\_

*\*All fields above must be completed to receive a tax receipt*

**Cheque or money order payable to: Testicular Cancer Canada. (Address below)**

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

Donation made in memory or in honour of: \_\_\_\_\_

Send condolence card to:

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

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

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code / Zip \_\_\_\_\_

Country : \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for supporting Testicular Cancer Canada**

Each and every donation will go towards Testicular Cancer Canada's charitable programs and research.

Please mail this pledge card along with your donation to:  
Testicular Cancer Canada, 35 dante Street, Montreal, Qc H2s1J6

Charitable registration  
#84499 1398 RR0001

I would like to learn more about volunteering for Testicular Cancer Canada. Please contact me.