



Scleroderma Society of Ontario

Please print and complete the following form and mail it along with your donation.

I / we would like to make this donation:

- in memory of _____
- in honour of _____, or
- as a gift for Scleroderma Research.

NAME: _____
ADDRESS: _____
CITY: _____
PROV. _____
POSTAL CODE: _____

If you would like to make this donation in memory or honour of someone, please complete the following information so that we can notify them of your kind donation:

NAME: _____
ADDRESS: _____
CITY: _____
PROV. _____
POSTAL CODE: _____

Your donation may be made by Cash, Cheque or Credit Card:

Date of Donation _____

Amount Donated: \$ _____

MasterCard VISA

Credit Card # _____

Expiration Date: _____

Name as shown on Credit Card: _____

Signature: _____

We will mail you a tax receipt for donations over \$20.00.

A tax receipt, upon request, will be made for donations between \$10.00 and \$20.00.

Please check _____.

THANK YOU FOR YOUR GENEROUS CONTRIBUTION!

Scleroderma Society of Ontario
136 Kenilworth Avenue North, Hamilton, Ontario L8H 4R8