



Tumour Foundation of BC

EMPOWERING INDIVIDUALS WITH NF

- Yes, I want to support the Tumour Foundation of BC. Please use my donation where it is needed most.
- Please direct my donation to the clinic project.

I'm enclosing:

\$25 \$40 \$75 \$100 Other \$ _____

First Name & Last Name: _____

Address: _____

City: _____ Prov: _____

Postal code: _____ Email: _____

Phone number: _____

- I give permission for the Tumour Foundation to contact me by email.
- Please do not list my name in any recognition materials.

Please make your cheque payable to the Tumour Foundation of BC or we invite you to donate securely online at:
tumourfoundation.ca

Donations are also graciously accepted by credit card (both VISA + MC)

Amount of one time gift \$ _____

Credit Card Number: _____ CVC (3 digit code on back) _____

Cardholder's Name: _____

Expiry Date: ____/____/____ Cardholder's Signature: _____

Thank you for your support. We are stronger together!

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