

Donation Form



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: _____

Home Mailing Address : _____ City, Province : _____ Postal Code : _____

Phone (Mandatory for Credit Card payments) : Home Cell _____

Email Address : _____ Twitter Handle : _____

Gift Information

Gift Amount: \$ _____

If the gift is for an event participant

Event Name : _____ Participant Name : _____

I do not want my name to appear on the participants' online honour role

Payment Options

Personal Cheque

Please make cheque payable to the Alberta Cancer Foundation.

Credit Card

Card # _____

Visa Mastercard Amex Expiry Date : _____

Cardholder Name : _____

Signature : _____ Date : _____

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 \$15 will receive a tax receipt in the mail. Donations are non-refundable and non-transferable. Thank you again for your generous contribution.

Charitable Registration Number - **11878 0477 RR0001**



Edmonton | Calgary | Lethbridge

albertacancer.ca

Toll free: 1.866.412.4222

Provincial Office
710, 10123 – 99 St NW
Edmonton, AB T5J 3H1