



## RESEARCH DONATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\$100.00 \_\_\_\_\_ \$200.00 \_\_\_\_\_ \$500.00 \_\_\_\_\_ OTHER \_\_\_\_\_

VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ CHEQUE \_\_\_\_\_

CARD # \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WALDENSTROM'S MACROGLOBULINEMIA FOUNDATION OF CANADA  
260 DALEWOOD DRIVE, OAKVILLE, ON L6J 4P3  
Telephone: 905-337-2450 E-mail: [wmfc@noco.ca](mailto:wmfc@noco.ca)  
Charitable Registration No. 86755 2713 RR0001



## RESEARCH DONATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\$50.00 \_\_\_\_\_ \$100.00 \_\_\_\_\_ \$200.00 \_\_\_\_\_ OTHER \_\_\_\_\_

VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ CHEQUE \_\_\_\_\_

CARD# \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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