



WMFC

Waldenstrom's Macroglobulinemia
Foundation of Canada

DONATION FORM – PRINT AND MAIL TO ADDRESS BELOW

The WMFC is grateful for your donation in support of our Membership Fund and/or Research Fund. This gift will assist us in continuing to provide the member services, programs and support the research giving hope to all those living with WM. A Canadian tax receipt will be issued for all donations.

NAME: _____

ADDRESS: _____

_____ P/C _____

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Direct my donation to one of the following.

MEMBERSHIP FUND

NEW MEMBER _____ RENEWAL _____ FAMILY/FRIEND _____

RESEARCH FUND

IN HONOUR OF _____ IN MEMORY OF _____ RESEARCH FUND _____

IN MEMORY/IN HONOUR OF: NAME: _____

NAME OF FAMILY: _____

ADDRESS: _____

_____ P/C _____

CHEQUE ENCLOSED _____ VISA _____ MASTER CARD _____

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EXPIRATION DATE: _____ AMOUNT: _____

SIGNATURE: _____

THANK YOU
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