



# 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: \_\_\_\_\_

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TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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 \_\_\_\_\_

CARD# \_\_\_\_\_ CVC# \_\_\_\_\_

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

THANK YOU  
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Charitable Registration  
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