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tumourfoundation.ca

## HERE'S HOW YOU CAN HELP MAKE A DIFFERENCE:

MY GIFT IS: □ \$50	□ \$100	□ \$250	<b>□</b> \$500	□ Other \$		
Interested in corpora	ate partnership opp	portunities? Conta	ct us to explore cu	ıstomized giving and sı	oonsorship options.	
GIFT TYPE:						
□ A one-time gift						
□ I would like to give n	nonthly \$	(YOU CAN CAN	ICEL AT ANY TIME	)		
YOUR DETAILS:						
FIRST & LAST NAME: _						
ADDRESS:						
CITY:			PROV:	POSTAL C	ODE:	
EMAIL:			PHONE NUMBER:			
YOUR CONNECTION	ON TO NF:					
☐ I have NF ☐ Parent of a child wit ☐ Have a relative or fr ☐ Corporate supporte ☐ Interested commun	riend with NF r					
			-	mour Foundation of E dit card (both VISA +		
PAYMENT INFORMA	TION:					
CARDHOLDER NAME:						
CREDIT CARD NO:				EXPIRY:/	CVC (3 DIGIT	ΓS ON BACK)

Thank you for your generous support.

Your donation helps us provide vital care and resources to the NF community.