

# Donation Form



Name \_\_\_\_\_ Credentials \_\_\_\_\_ Date \_\_\_\_\_

Billing/Home Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_ Email (member communication only) \_\_\_\_\_

**DONATION**     \$250     \$100     \$50     \$25     Other \$ \_\_\_\_\_    **TOTAL AMOUNT \$** \_\_\_\_\_

**PAYMENT METHOD**     Cheque made payable to payable to **Lymphedema Association of Ontario**     MasterCard     Visa

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Lymphedema Association of Ontario | [info@lymphontario.ca](mailto:info@lymphontario.ca) | 262-2869 Bloor St. W., Toronto, ON M8X 1B3 | 416.410.2250 | 1.877.723.0033

**Committed to improving the lives of people living with lymphedema**

Charitable Organization # 87165 5049 RR0001