

DONATION FORM



Breast Cancer Supportive Care Foundation (BCSCF) would not exist if it were not for incredible donors like you. By giving, you are helping individuals and their families, who are affected by breast cancer, benefit from the care and compassion of BCSCF's unique programs.

DONOR INFORMATION

Name: Mr. Mrs. Ms. First Name: _____ Last Name: _____

Mailing Address: _____

City/Prov/PC: _____ Home Phone: () _____

Email Address: _____

Acknowledgement: _____

Name for donor recognition purposes

I wish to remain anonymous

MY DONATION

I would like to make a one-time donation in the amount of \$ _____

Cash

Cheque (payable to Breast Cancer Supportive Care Foundation)

Visa Mastercard American Express

Card # _____

Expiry Date _____ / _____ Signature _____

You can also choose to make a donation online at www.bscsf.com

Please issue a receipt for my donation

*A tax receipt may be issued for donations of \$20 or more.

DONOR ALLOCATION

Your generous contribution is going towards supporting the programs and services that BCSCF offers such as:

- Multidisciplinary Medical Program and individual patient care services;
- Healthy Living After Breast Cancer Program;
- Recovery Group Program

CONTACT INFORMATION

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Thank you for your generosity!