



Your donation to Young Adult Cancer Canada is in honour of: _____

We will send this individual notification of your gift to Young Adult Cancer Canada

Please provide their mailing address (if known):

_____ PO Box/Street Number

_____ City/Town Postal Code

As the Donor, please complete the following:

Name(s), please list all donors:

Your relationship with the Deceased:

Name to be printed on the official tax receipt:

*An official receipt will be issued in the coming weeks.
Charitable Number 865086631 RR 0001*

Donor(s) mailing address:

_____ P.O. Box/Street Number

_____ City/Town Postal Code

Donor(s) Telephone Number(s):

Donation Method: VISA MasterCard Cheque

Credit Card #: _____ Expiry: ____/____

Name on Card: _____ Signature: X _____

Amount of Donation: \$ _____

*Please make cheques payable to Young Adult Cancer Canada.
Please mail this sheet along with your contribution to:*

**Young Adult Cancer Canada
18 Argyle St, Suite 201
St. John's, NL
A1A 1V3**