



Your *In Memoriam* contribution to Young Adult Cancer Canada is in memory of: _____

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): _____

To whom would you like notification of your contribution sent?: _____

What is their relationship to the Deceased?: _____

What is their mailing address (if known)?:

P.O. Box/Street Number

City/Town *Postal Code*

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