



Thank you for your contribution to Young Adult Cancer Canada in support of a young adult dealing with cancer!

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As the Donor, please complete the following:

Name(s), please list all donors:

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Name to be printed on the official tax receipt:

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

Donor(s) mailing address:

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*P.O. Box/Street Number*

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Donation Method:                      VISA                       MasterCard                       Cheque

Credit Card #: \_\_\_\_\_                      Expiry: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

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**