

## Know who to turn to



CANADIAN  
DIABETES  
ASSOCIATION

ASSOCIATION  
CANADIENNE  
DU DIABÈTE

# Official Donation Form



Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The fundraising efforts of: **SUSAN K TAM , Reykjavik 2007**

Donation Amount:  \$20.00  \$50.00  \$100.00  Other: \$\_\_\_\_\_.

Payment:  VISA  Mastercard  AMEX  Cheque payable to Canadian Diabetes Association

Cardholder's Name: \_\_\_\_\_ Expiry Date (MM/YYYY): \_\_\_\_ / \_\_\_\_

CARD Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please Note:** All donations made of \$15.00 or more will receive a tax receipt by mail

**Please mail to:** : Team Diabetes Canada; C/O: Canadian Diabetes Association; National Life Building; 1400 – 522 University Ave; Toronto, ON M5G 2R5 Charitable Status Number 11883 0744 RR001

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