

## Mail ~ In or Fax Gift Form

PLEASE PRINT THIS FORM

Mail your gift to: Asthma Society of Canada  
124 Merton Street, Suite 401  
Toronto, ON M4S 2Z2



Or Fax your gift to: 416-787-5807

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*Yes! I want to empower every child and adult in Canada with  
asthma to live an active and symptom-free life!*

Title:  Mr. & Mrs.  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

- I have asthma and/or associated allergies  
 Someone in my immediate family has asthma and/or associated allergies  
 I would like to learn more about:  Asthma  Associated Allergies

I am donating:  \$100  \$50  \$35  Other \$\_\_\_\_\_

My cheque is enclosed, made payable to the Asthma Society of Canada

OR

Please bill my  VISA  MasterCard OR  American Express

Card Holder Name: \_\_\_\_\_

Card Number:

Expiry Date:   -

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

Please Note: A tax receipt will be issued for donations of \$10 and over, unless otherwise requested.

Charitable Registration # 89853 7048 RR0001

*Thank You.*

The Asthma Society of Canada  
124 Merton Street, Suite 401 Toronto, ON M4S 2Z2  
1-866-787-4050  
www.asthma.ca