

# Mail ~ In or Fax Gift Form

PLEASE PRINT THIS FORM

Mail your gift to: **Asthma Society of Canada**  
4950 Yonge Street, Suite 2306  
Toronto, ON M2N 6K1



OR

Fax your gift to: **416-787-5807**

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*Yes! I want to help people with Asthma, Associated Allergies and Chronic Obstructive Pulmonary Disease to BREATHE EASY!*

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

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

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

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

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

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

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

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

OR

Please bill my  VISA OR  MasterCard

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

Card Number:

Expiry Date:   -

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

Please Note: A tax receipt will be issued for donations of \$25 and over, unless otherwise requested.

Charitable Registration # 89853 7048 RR0001

## Thank You.

The Asthma Society of Canada  
4950 Yonge Street, Suite 2306 Toronto, ON M2N 6K1  
1-866-787-4050