

In Memoriam 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

Yes! I want to empower every child and adult in Canada with asthma to live an active and symptom-free life with a donation in memory of:

Please send an acknowledgement card to the family:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please send the receipt to: (Your information here)

Title: Mr. & Mrs. Mr. Mrs. Ms. Other _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ E-Mail: _____

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