



## IN HONOUR DONATION FORM

Please fill out all required fields, as indicated by an asterisk \*

DATE : \_\_\_\_\_

### Contact Information

TITLE	*FIRST NAME	*LAST NAME
COMPANY		
*STREET	*APT/UNIT/SUITE	
*CITY	*PROVINCE/STATE	*POSTAL/ZIP CODE
PHONE NUMBER	EMAIL	

### Donation Details

\*I'd like to make a donation in honour of: \_\_\_\_\_

(EXAMPLES: "JOHN SMITH", "UNCLE JOHN")

\*Amount:  \$15    \$25    \$35    \$50    Other: \_\_\_\_\_

*N.B. Donations are in Canadian currency*

Please send me a receipt by:  Mail    Email: \_\_\_\_\_

### Acknowledgement Card

Please send acknowledgement card to:

TITLE	RECIPIENT'S FIRST NAME	RECIPIENT'S LAST NAME
RECIPIENT'S STREET	RECIPIENT'S CITY	
RECIPIENT'S PROVINCE/STATE	RECIPIENT'S COUNTRY	RECIPIENT'S POSTAL/ZIP CODE

Please include a special message:

\_\_\_\_\_

\_\_\_\_\_

*Here are some samples of messages used:*

1. On the occasion of your 65th birthday, may you celebrate many, many, more and in good health and happiness.
2. Warmest congratulations on your wedding anniversary.
3. Congratulations on the birth of your new granddaughter.

Card from: \_\_\_\_\_



Crohn's and Colitis  
Foundation of Canada

Fondation canadienne des  
maladies inflammatoires  
de l'intestin

600-60 St. Clair Avenue East  
Toronto, Ontario  
Canada M4T 1N5  
Tel: [416] 920-5035/ 1-800-387-1479  
Fax: [416] 929-0364  
Website: www.ccfcc.ca

Registered Charity #11883 1486 RR 0001

## IN HONOUR DONATION FORM CONTINUED

Please fill out all required fields, as indicated by an asterisk \*

### \* Payment Information

- I have enclosed a cheque made payable to the Crohn's and Colitis Foundation of Canada
- I would like to donate through my credit card:
- VISA     Mastercard     AMEX

\_\_\_\_\_  
\*CARD NUMBER

\_\_\_\_\_  
\*EXPIRY DATE

\_\_\_\_\_  
NAME ON CARD

*The Crohn's and Colitis Foundation of Canada takes the confidentiality of your information very seriously. For this reason, we use proven security software that protects your credit card information. To guard against fraud, your information is securely encrypted and safely passed directly to our financial department for processing. At no time is this information made available to anyone else.*

Please note that the information we collect on this form is confidential. We may, from time to time, keep you informed about our Foundation's activities. If you prefer that we not contact you in future, please indicate so here.

We occasionally trade names with other charities. If you do not wish to have your name traded, please check here.

### **Please send completed forms to:**

Crohn's and Colitis Foundation of Canada  
60 St. Clair Avenue East, Suite 600  
Toronto, ON M4T 1N5  
Tel: 416-920-5035, 1-800-387-1479  
Fax: 416-929-0364