



Crohn's and Colitis
Foundation of Canada

Fondation canadienne des
maladies inflammatoires
de l'intestin

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Website: www.ccfcc.ca

Registered Charity #11883 1486 RR 0001

CCFC MEMBERSHIP 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	

Membership Details

I would like to: Sign up as a new member Renew my membership
My membership ID is: _____

* Payment Information

I have enclosed a cheque for my \$30 Membership fee, made payable to the CCFC (non tax-creditable)

Please charge my credit card for my \$30 Membership fee (non tax-creditable):
 VISA Mastercard AMEX

*CARD NUMBER *EXPIRY DATE

NAME ON CARD

I would also like to make a tax-creditable donation in support of research:
 \$15 \$25 \$35 Other: _____

Please send my receipt by: Mail Email (same as previous)
 Alternate Email: _____

Please send completed forms to:

Joyce Hsu
Annual Giving Coordinator
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