

info@procure.ca

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Informations about the donor

All fields are mandatory

Title _____ Full name _____

Address _____

City _____

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Corporate donations

Check this box if the tax receipt should be issued in the name of a company

Name of the company _____

Payment Method

CVV Visa Master Card American Express Cheque*

Card Number

Name of the card holder _____

Expiration Date Signature _____

** Make cheques payable to PROCURE*

Confidentiality Policy

I would like my name kept confidential and not included in the list of participants

I would like the amount of my donation to be kept confidential

I do not wish to receive the PROCURE newsletter by e-mail

I do not wish to receive information by mail

SVP, correspondre avec moi en français

Thank you for supporting PROCURE in the fight against prostate cancer

Please send this form with your donation to PROCURE by fax or by mail:

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