



L'INSTITUT DES CÈDRES CONTRE LE CANCER  
THE CEDARS CANCER INSTITUTE

2155 Guy Street, Suite 900  
Montreal, Quebec H3H 2R9  
Phone: (514) 843-1606 / Fax: (514) 931-5696

## Donation Form

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence:  English  French

I wish to remain anonymous

### I would like to make a donation of :

- \$25       \$250  
 \$50       \$500  
 \$100       \$1,000  
 Other : \_\_\_\_\_

### I would like my donation to benefit :

- The Cedars Cancer Institute  
 Cedars CanSupport  
 Cedars Breast Centre  
 Other : \_\_\_\_\_

### Payment method :

- Cheque  
 Visa       MasterCard       Amex

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

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

Notes: \_\_\_\_\_