



Donation Form

Donor:

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First Name

Middle Initial(s)

Last Name

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Address

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Province

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Postal Code

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Email address (optional)

Donation:

Amount: \$50 \$100 \$200 Other : _____

Please make cheques payable to: Canadian Association for Porphyrria

Charitable Tax Receipt:

The Canadian Association for Porphyrria/Association Canadienne de Porphyrrie is a registered Canadian charity (CRA Registration #81282 5735 RR0001). Receipts can only be issued for donations by Canadians.

Please send my charitable tax receipt:

by e-mail by mail no receipt is required

In Memory of/In Honour of:

My donation is:

In memory of _____

In honour or on behalf of: _____

Please send a card or email notification of this donation to:

Name: _____

Address or email: _____

Mailing Address: CAP/ACP 13604 108 Ave NW, Edmonton, AB T5M 2C8

Website: canadianassociationforporphyria.ca

Email: canadianassocforporphyria.acp@gmail.com