



CONTRIBUTION FORM

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

TOWN/CITY: _____

POSTAL CODE: _____

PHONE (with area code): _____

EMAIL: _____

DONATION AMOUNT: \$ _____

Please find my cheque enclosed (*payable to Canadian Burn Foundation*)

VISA Mastercard

Card Number: _____

Expiry Date: _____

Signature: _____

Charitable receipts will be issued automatically for donations of \$20 or more.

Please mail this completed form with your donation to:

CANADIAN BURN FOUNDATION

2051-47 Street

Edmonton, Alberta

Canada T6L 2V5

(780) 448-9025 office

(780)448-9026 fax

1(877) 448-9025 toll free

info@canadianburnfoundation.org

Registered Charity No: 874222540RR0001