

Donation Form

10910 Deep Cove Road
N. Saanich, BC
V8L 5P9



Multiple Myeloma
VANCOUVER ISLAND
SUPPORT GROUP

INSTRUCTIONS

Please print and complete the following information. By providing this information you consent to process and recognize donations. Information will be disclosed to employees and agents of VIMM Support Group Society as necessary to accomplish these purposes. Name, and contact information are optional. If you do not wish to be identified please enter "Anonymous" for both the first and last name. Tax receipts cannot be issued to anonymous donors.

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Organization Name: _____
(if applicable)

Address: _____

City: _____

Province: _____ Postal Code: _____

CONTACT INFORMATION

Please provide us with a phone number or e-mail address to ensure we have a means of contacting you if we have a question regarding your donation.

Phone Number: _____ Fax Number: _____

Email: _____

DONATION DETAILS

I would like to make a donation to the Vancouver Island Multiple Myeloma Society in the amount of (**circle one** or fill in your desired amount):

\$20 \$35 \$55 \$100 Other: \$ _____

I would like my donation to be (**circle one**):

One-time Donation Monthly Donation*

*For monthly donations, please attach a cheque marked VOID.

Monthly credit card donations may be made through [our page](#) on Canada Helps' website.

Signature: _____

We all thank you for your generous support.