



**SCLERODERMA ASSOCIATION OF B.C.**

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Email: info@sclerodermabc.ca

**sclerodermabc.ca**

Charitable Registration Number 134221894RR0001



## DONATION FORM

|   |  |  |              |
|---|--|--|--------------|
| Name:   |  | Date:  |              |
| Address:  |  |  |              |
| City:   |  | Province:  | Postal Code: |
| Phone:  |  | Email:   |              |
| <input type="checkbox"/> I have been diagnosed with scleroderma*  |  | <input type="checkbox"/> I would like to subscribe to Scleroderma Association of B.C. THE BULLETIN |              |
| <input type="checkbox"/> I am a relative of a person diagnosed with scleroderma*<br><small>*information will be kept strictly confidential</small>      |  | <input type="checkbox"/> I want a tax receipt  |              |
| Donation Amount: <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25    Other: \$ |  |  |              |
| <input type="checkbox"/> Cheque (Payable to Scleroderma Association of B.C.)  |  |  |              |
| <b>IF YOUR DONATION IS IN MEMORY OR IN HONOUR OF A SPECIAL PERSON, PLEASE COMPLETE THE SECTION BELOW.</b>   |  |  |              |
| <input type="checkbox"/> In memory of:  |  |  |              |
| <input type="checkbox"/> In honour of:  |  |  |              |
| <input type="checkbox"/> I would like more information on how to make a testamentary bequest to Scleroderma Association of B.C.                         |  |  |              |