



SCLERODERMA ASSOCIATION OF B.C.

PO Box 16155, Lynn Valley
North Vancouver BC V7J 3H2
Phone: 604-371-1005
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 want a tax receipt	
<input type="checkbox"/> I am a relative of a person diagnosed with scleroderma* <small>*information will be kept strictly confidential</small>			
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.)			
IF YOUR DONATION IS IN MEMORY OR IN HONOUR OF A SPECIAL PERSON, PLEASE COMPLETE THE SECTION BELOW.			
<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.			