

CIFAR Donation Form

Contact Information:

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home #: _____ Work #: _____ Cell #: _____

E-Mail: _____

I/We agree to make the following donation to CIFAR:

Total Amount: _____ In Full or
 In equal payments, over: 2 yrs 3 yrs
 Other: _____

I wish to get a **U.S. tax receipt**. NOTE: Please make your cheque out to CIAR Association Inc.

Payment Method:

Visa MasterCard Amex Card #: _____

Name on Card: _____ Expiry Date: _____

Cheque enclosed for the full amount. 1st payment, please send annual reminders.

Transfer of stocks/securities (Please contact Mariko Manhas at 416.971.4877 or Mariko.Manhas@cifar.ca)

Recognition:

Name to appear in CIFAR Publications: _____

I/We wish to remain anonymous.

Signature: _____ Date: _____

Build a legacy. Join the Fraser Mustard Legacy Society by remembering CIFAR in your will.

Please send me more information I have included CIFAR in my will

THANK YOU FOR YOUR SUPPORT!

Personal information gathered by CIFAR is kept in confidence and only used to keep you informed.