

## Make Donation

- Fax a completed donation form to (902) 494-1372
- Or mail your gift to:  
 Dalhousie Medical Research Foundation  
 PO Box 15000, 1-A1 Sir Charles Tupper Medical Building  
 Halifax, Nova Scotia B3H 4R2

Mr.     Mrs.     Mr. & Mrs.     Miss     Ms.     Dr.     Rev.

Name

Address

Postal Code  Phone

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Please accept my gift of:

\$35     \$50     \$75     \$100     \$

.....

I have enclosed a cheque or money order

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I prefer to use my:

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Expiry Date:

Signature

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I prefer to use **automatic debit** and have enclosed a void cheque

Please deduct \$  from my bank account  
 On the 20<sup>th</sup> day of every month, beginning:

MM/YY, and continuing until,

MM/YY, or

Until further notice

If faxing, please include a void cheque, or include the bank transit and account number from the bottom of your cheque.

Bank Transit

Account Number

Signature