

DONATION FORM

YES!

I want to donate to Hydrocephalus Canada. Please complete form below or donate on-line at: BrainWaves.CauseVox.com

BRAINWAVES
HYDROCEPHALUS
CANADA

16 Four Seasons Place, Suite 111
Toronto, ON M9B 6E5
Tel: 800-387-1575

Donor Details

Donor Name: _____ Email: _____

Address: _____

City: _____ Prov: _____ PC: _____ Tel: _____ - _____

Donation Details

I would like to make a donation by: Cheque VISA MasterCard AMEX
in the amount of: \$ 25 \$ 50 \$ 100 \$ 250 Other \$ _____

One Time Donation using Credit Card :

I authorize Hydrocephalus Canada to charge my card the above amount by providing the information below:

Card #: _____ CCV2 _____ Exp. ____ / ____ mm/yy

Name on Card: _____ Signature: _____

Monthly Donation

By Credit Card: I would like to make monthly donations to Hydrocephalus Canada. Please charge my credit card on the 15th day of each month in the amount of \$ _____. My signature above is authorization for this transaction.

By Direct Withdrawal: I would like to make monthly donations to Hydrocephalus Canada through direct withdrawals from my bank account. I have enclosed a blank cheque marked "VOID". I authorize Hydrocephalus Canada to deduct \$ _____ from my bank account on the 15th day of each month.

Signature: _____ Date: ____ / ____ (mm/yy)

Additional acknowledgement Required Yes No

In honour of _____

In memory of _____

Other _____

Message: _____

Please send notification of my gift via Email Post

To (name): _____ Email: _____

Address: _____

City: _____ Prov: _____ PC: _____ Tel: _____ - _____

YES!

I'd like to learn more about the activities of the organization and Hydrocephalus Canada.

Please send me information.

MyBrainWaves.ca

