



Make Donation

- Fax a completed donation form to (902) 494-1372
- Or mail your gift to:
Dalhousie Medical Research Foundation
1-A1 Sir Charles Tupper Medical Building
Halifax, Nova Scotia B3H 4H7

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

Name

Address

Postal Code Phone

E-mail

Please accept my gift of:

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

I have enclosed a cheque or money order

I prefer to use my:

Visa Master Card American Express

Card #:

Expiry Date:

Signature

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

Please deduct \$ from my bank account
On the 20th 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