

**CONTRIBUTION FORM**  
**Waldenstrom's Macroglobulinemia Foundation of Canada**

The continuation of the many member services and programs depends almost completely on membership contributions. We urge you to renew your membership and support the work of the WMF of Canada and the IWMF.

**Name: (please print)** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**New Member:** \_\_\_\_ **Renewal:** \_\_\_\_ **Family/Friend:** \_\_\_\_

**PLEASE REMOVE MY NAME FROM THE MAILING LIST:** \_\_\_\_\_

**Fill in the above information if removing your name from our Support Network.**

I give permission to forward my name to fellow members for the purpose of offering support to others living with WM only. YES \_\_\_\_ NO \_\_\_\_

**Contribution (Cdn \$)**

**Basic: \$50.00** \_\_\_\_\_ **Sustaining: \$100.00** \_\_\_\_\_ **Supporting: \$200.00** \_\_\_\_\_

**Benefactor: \$500.00** \_\_\_\_\_ **Patron: \$1,000.00** \_\_\_\_\_ **Other: \$** \_\_\_\_\_

\_\_\_\_\_

**Method of Payment:**            **Cheque Attached** \_\_\_\_            **Credit Card Payment** \_\_\_\_

**VISA** \_\_\_\_ **MASTER CARD** \_\_\_\_ **AMERICAN EXPRESS** \_\_\_\_ **AMOUNT \$** \_\_\_\_\_

**CARD #** \_\_\_\_\_ **EXPIRY DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WALDENSTROM'S MACROGLOBULINEMIA FOUNDATION OF CANADA**  
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**Telephone: 905 337 - 2450      email: wmfc@noco.ca**

**Charitable Registration No. 86755 2713 RR0001**