

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
260 DALEWOOD DRIVE, OAKVILLE, ONTARIO L6J 4P3
Telephone: 905 337 – 2450 email: wmfc@noco.ca

Charitable Registration No. 86755 2713 RR0001