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### DONATION FORM

**Yes, I wish to make a donation to the Cancer Assistance Program (CAP) to support its efforts to provide free services for individuals with cancer, living in Hamilton and surrounding communities.**

**My information:**

Mr.       Mrs.       Ms.       Dr.       Other: \_\_\_\_\_  
Name (please print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone (required if paying by credit card): \_\_\_\_\_

I am donating: \$ \_\_\_\_\_

Cheque\*       Cash       Visa       Mastercard  
Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Card Holder's Name (please print): \_\_\_\_\_  
Card Holder's Signature: \_\_\_\_\_  
*\*payable to the Cancer Assistance Program*

**Donation type:**

- I am making a **general donation** for CAP to designate at its discretion.
- Please designate my donation to the **Drive & Ride program**.
- Please designate my donation to: \_\_\_\_\_
  
- I wish to donate **in memory of:**  
Please send notification to: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_
  
- I wish to donate **in honour of:**  
Notes regarding occasion: \_\_\_\_\_  
Please send notification to: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_
  
- Please add me to/keep me on CAP's mailing list.
- Please remove me from/DO NOT add me to CAP's mailing list.

**Receipts automatically issued for donations \$20 and over. Upon request, receipts issued for donations under \$20.  
Charitable Registration # 14026 2759 RR0001**