



I am enclosing a one-time donation of:

\$25  \$50  \$100  \$250  Other: \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

- Cheque or money order payable to: Kelly Shires Breast Cancer Snow Run for Fun Trust
- Please charge the above amount to my credit card. (please complete credit card information below)

Please note that we can only accept Visa and Mastercard donations at this time

Name on card: \_\_\_\_\_ CV#: (3 digits on reverse side of card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Type of Donation  General Donation  In Memory  In Honour

Gift in Memory of: \_\_\_\_\_  
(Name of deceased)

Gift in Honour of: \_\_\_\_\_  
(Name of individual)

Send acknowledgement card to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code \_\_\_\_\_

How would you like the card to be signed?: \_\_\_\_\_  
(name or names)

**THANK YOU FOR SUPPORTING THE KELLY SHIRES BREAST CANCER FOUNDATION**

PLEASE MAIL THIS FORM TO:

Kelly Shires Breast Cancer Foundation

523 Elizabeth Street, Suite #101 Midland, Ontario L4R 2A2

Your donation is tax-deductible | Charitable Registration number 895376614 RR0001