

Community Helping
Community



Contact Information:

Name:

Address:

City:

Prov.

Postal Code:

Ph #:

Email:

Tax receipts issued annually in February for any amount donated. Each donation will be used with the understanding that the office staff will use it where needed most unless specified below. To cut down on expenses tax receipts will be emailed if possible.

I would like to Donate to South Central Cancer Resource with the following:

One time Donation in the amount of \$_____

Monthly Donation

\$25 \$50 \$100 \$150 Other \$_____

Monthly pre-authorized donation beginning in the month of _____ and on this day_____

In Memory of _____ Donation

Please provide a name and mailing address to which a card can be sent to.

Method of Payment

Credit Card: Visa MasterCard

Cheque (please make payable to South Central Cancer Resource)

Cash

Direct Donation with Access Credit Union (enter South Central Cancer Resource as Payee and your 10 digit phone number as Account Number)

Card # _____ Expiry Date: _____

Name on Card: _____

Signature: _____ Date: _____

Specify a Program to Donate

Transportation Program Lymphedema Program Wellness Program No Specification