

DONATION FORM

RISE UP AGAINST PAIN

Canadian Pain Summit **2012**

Presented by

Canadian Pain Society and Canadian Pain Coalition

YES—I would like to make a donation to the Canadian Pain Summit.

Please select amount: (Please circle) (Note: Tax receipts are issued for any amount of \$20 or more)

\$5 \$10 \$25 \$50 \$75 \$100 \$200
\$300 \$400 \$500 \$750 \$1,000

Other \$ _____ (Tax receipts under \$20.00 will not be issued)

Please make your cheque payable to the "**Canadian Pain Foundation**" in order to have a charitable tax receipt issued (Over \$20.00).

Complete the following information to have the receipt sent to you.

Name: _____

Address: _____

Address 2: _____

City: _____ Prov _____ Postal Code _____

Phone: _____

Email: _____

Receipt will be emailed—please print clearly

Mail or Fax to: Canadian Pain Foundation, 1143 Wentworth Street West, Suite #202, Oshawa, ON L1J 8P7

Fax: 1-905-404-3727

Complete Payment Details:

Cheque: Payable to "**Canadian Pain Foundation**"

Credit Card: (Choose one) VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____ Expiry Date: _____ CVN _____

Name on Card: _____

Signature: _____

Charity BN/Registration #11921 9608 RR 0001

For more information about the Canadian Pain Summit please visit

<http://www.canadianpainsummit2012.ca>

THANK YOU FOR YOUR DONATION