



Thyroid Foundation of Canada

Gift Membership Form

GIFT MEMBERSHIP FOR:

Ms. Mrs. Mr. Dr.

Name:

Address:

City:

Province:

Postal Code

Telephone:

Email:

MEMBERSHIP LEVEL:

ONE YEAR: Regular \$25 Senior \$20 | **TWO YEAR:** Regular \$40 Senior \$30

PAYMENT DETAILS:

\$	Membership Amount
\$	Donation Amount <i>All donations support the work of the Thyroid Foundation of Canada</i>
\$	TOTAL

PAYMENT METHOD:

Visa MasterCard Cheque (*payable to: **Thyroid Foundation of Canada***)

Visa/MasterCard No.:

Expiry Date:

Name on credit card:

RECEIPT TO:

An official receipt for income tax purposes will be issued for both membership fees and donations

Ms. Mrs. Mr. Dr.

Name:

Address:

City:

Province:

Postal Code:

Telephone:

Email:

Receipt preference: Receipt by regular mail Receipt by email

Please send completed form to: **Thyroid Foundation of Canada, PO Box 298, Bath, ON K0H 1G0**

THANK YOU FOR YOUR SUPPORT!



Thyroid Foundation of Canada

La Fondation canadienne de la Thyroïde

BLA No. 11926-4422 RR0001