



Thyroid Foundation of Canada

Membership/Donation Form

ADDRESS

Ms.	Mrs.	Mr.	Dr.		
Name:					
Address:					
City:			Province:		Postal Code
Telephone:					
Email:					

MEMBERSHIP

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Donation only			
ONE YEAR:	<input type="checkbox"/> Regular \$35	<input type="checkbox"/> Senior \$30	TWO YEAR:	<input type="checkbox"/> Regular \$60	<input type="checkbox"/> Senior \$50

PAYMENT

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

PAYMENT METHOD

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque <i>(payable to: Thyroid Foundation of Canada)</i>
Visa/MasterCard No.:		Expiry Date:
Name on credit card:		

RECEIPT

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

Receipt preference:	<input type="checkbox"/> Receipt by regular mail	<input type="checkbox"/> Receipt by email
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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

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