



**Yes**, I want to support the Canadian Skin Cancer Foundation

**Here is my gift of:**  \$500  \$200  \$100  \$50  Other \$ \_\_\_\_\_

**Payment Method:**  Cheque  Mastercard  Visa

Name on the Card: \_\_\_\_\_

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

CVV# (3-digit): \_\_\_\_\_ Signature \_\_\_\_\_

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please direct my gift to support:

Skin Cancer & Sun Safety Awareness Campaign  Education  Research & Advocacy  Other \_\_\_\_

I/we would like to receive information on making a bequest or other form of planned gift.

Please forward your gift with completed form to: Canadian Skin Cancer Foundation  
PO Box 67178 Meadowlark RPO, Edmonton, AB T5R 5Y3 **OR** Fax 780-425-1249 / email: [cscf@telus.net](mailto:cscf@telus.net)

The information you provide on this form may be used by CSCF to keep you informed of ongoing activities of the Foundation. CSCF does not sell or trade donor information.

I/we **opt not** to receive any further information from CSCF.

Your name may appear in upcoming donor recognition lists such as in the Annual Report.

I/we would like to remain anonymous.

**PO Box 67178 Meadowlark RPO, Edmonton, AB T5R 5Y3**  
**T: 780-423-2723 F: 780-425-1249 E: [cscf@telus.net](mailto:cscf@telus.net)**  
**[www.canadianskincancerfoundation.com](http://www.canadianskincancerfoundation.com)**

**Charitable Registration Number 86937 0106 RR 0001**