



# Thyroid Foundation of Canada

## Membership/Donation Form

### ADDRESS

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

<b>MEMBERSHIP</b>	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Donation only		
<b>ONE YEAR:</b>		<b>TWO YEAR:</b>			
<input type="checkbox"/> Regular \$35	<input type="checkbox"/> Senior \$30	<input type="checkbox"/> Family \$45	<input type="checkbox"/> Regular \$60	<input type="checkbox"/> Senior \$50	<input type="checkbox"/> Family \$65

### PAYMENT

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

### 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
---------------------	--	---

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

Blk. No. 11926-4427 RR0001