



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:

TWO YEAR:

Regular \$35 Senior \$30 Family \$45 Regular \$60 Senior \$50 Family \$65

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