



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:		TWO YEAR:			
<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

\$	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:		CVV Number:

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