



WE SINCERELY THANK YOU FOR YOUR DONATION!

SEND FORM & CHEQUE TO:
THE LAM CANADA FUND
C/O TIDES CANADA FOUNDATION
680-220 CAMBIE STREET
VANCOUVER, B.C. V6B 2M9

YOUR SUPPORT ALLOWS US TO TAKE A "BREATH OF HOPE" AND WILL HELP US FIND A TREATMENT AND CURE!

Donation Information

Yes! I/We will help LAM Canada with a donation of:

\$200 \$100 \$75 \$50 Other \$ _____ OR ongoing donations (please see below)
(Donations of \$50.00 or more qualify for a tax receipt)

Name _____

Address _____ City _____ Province _____ PC _____

Donation is in honor of: _____ OR Tribute: _____
(LAM Patient) (Occasion, e.g., birthday)

Method of Payment:

Cheque or Money Order enclosed (payable to "Tides Canada Foundation – The LAM Canada Fund").

VISA MasterCard American Express Card # _____ Expiry date ____ / ____

Name on card _____ Signature* _____ Today's date: ____ / ____ / ____

Direct Debit from my/our bank account, or Credit Card.

I/We authorize Tides Canada to withdraw a \$ _____ donation monthly quarterly

FROM

Bank Account (please include a cheque marked VOID) OR

Credit Card: VISA MasterCard American Express

Card #: _____ Expiry Date: ____ / ____

Name on Card: _____ Signature* _____

*SIGNATURE REQUIRED for all donations using EITHER bank account or credit card payments

Do you wish to receive other information from LAM Canada or Tides Canada? YES NO
Annually, all donors will receive a tax receipt, if applicable, and newsletter.

Canadian Charitable #: BN 86894 7797 RR0001

We respect your privacy, Tides Canada will collect, use and disclose personal information on this form in accordance with Canadian privacy laws and the Tides Canada privacy policy at:
www.tidescanada.org or call our privacy officer at 1-866-843-3722.