



Kelly Shires
**Breast Cancer
 Foundation**

I am enclosing a one-time donation of:

\$25 \$50 \$100 \$250 Other: _____

Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____ Suite: _____

City: _____ Prov: _____ Postal Code _____

Home Telephone: _____ E-mail Address: _____

<input type="checkbox"/>	Cheque or money order payable to: Kelly Shires Breast Cancer Snow Run for Fun Trust
<input type="checkbox"/>	Please charge the above amount to my credit card. (please complete credit card information below)

Please note that we can only accept Visa and Mastercard donations at this time

Name on card: _____ CV#: (3 digits on reverse side of card): _____

Card Number: _____ Expiry Date: _____

Signature: _____

Type of Donation	<input type="checkbox"/> General Donation	<input type="checkbox"/> In Memory	<input type="checkbox"/> In Honour
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Gift in Memory of: _____
(Name of deceased)

Gift in Honour of: _____
(Name of individual) ONLINE

Send acknowledgement card to:

First Name: _____ Last Name: _____

Address: _____ Suite: _____

City: _____ Prov: _____ Postal Code _____

How would you like the card to be signed?: _____
(name or names)

THANK YOU FOR SUPPORTING THE KELLY SHIRES BREAST CANCER FOUNDATION

PLEASE MAIL THIS FORM TO:

Kelly Shires Breast Cancer Foundation

12-16715, Suite #312 Newmarket, Ontario L3X 1X4

Your donation is tax-deductible | Charitable Registration number 895376614 RR0001