



**make a difference
for the children!**

SINGLE DONATION BY FAX OR BY MAIL FORM



CONFIDENTIALITY

- *Leucan ensures strict confidentiality during the processing of your donation.*
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I. DONOR CONTACT INFORMATION

Company name: _____
(if the donation is made by a company)

Name: _____ First name: _____

Street address: _____
(Number, street name and P.O. Box)

City: _____ Province/State: _____

Postal code: _____ Country: _____

Email: _____

Telephone: _____

2. DONATION

\$ 20 \$ 30 \$ 40 \$ 50 Other amount : \$ _____

3. PAYMENT METHOD

I am enclosing my cheque/postal money order **payable to Leucan** with the form.

I will make my donation by credit card (*) MasterCard Visa

Card number: _____ Expiry date: _____

Name of the cardholder: _____

Signature: _____ Date: _____

Please check this box if you received a fundraising appeal by mail from Leucan.

On occasion, we share our donor list with other charitable organizations.
Please check this box if you do not want us to share your donor contact information.

CHARITABLE REGISTRATION NUMBER: 119018703RR0001

4. PLEASE RETURN THE DULY FILLED FORM ALONG WITH YOUR CHEQUE/POSTAL MONEY ORDER TO:

Leucan, Donation Processing Department
5800 Saint-Denis St., Suite 505, Montreal, Quebec H2S 3L5

(*) If you pay by credit card, you can send the donation form duly filled in and signed by fax at 514 731-2667.

THANK YOU FOR MAKING A DIFFERENCE FOR THE CHILDREN!