Donor Information: (send receipt to)

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

In Memory / In Honour of Donation

The enclosed donation to the **Allergy/Asthma Information Association** is:

☐ In memory of _____
Name of Deceased

☐ In Honour of _____
Name of Honoree

Amount of Donation:

☐ $25 ☐ $50 ☐ $75 ☐ Other: $ _____

☐ I have enclosed a cheque made payable to **Allergy/Asthma Information Association**.

☐ Please charge my credit card: ☐ VISA ☐ Mastercard

_____ _____
Credit Card Number Expiry Date

_____
Signature

A official tax receipt will be mailed to you for the amount of your donation.

Acknowledgement Information: (send acknowledgement to)

The Allergy/Asthma Information Association gratefully acknowledges your contribution and will forward a notice that a gift to AAIA has been received to the following recipient:

Name _____

Address _____

City, Prov, PC _____

(*The gift amount will not be disclosed*)

You may send your contribution form by fax: (905) 850-2070
Or you can mail it to: 1-111 Zenway Boulevard
Vaughan, ON L4H 3H9

In you have any questions, call us at 1-800-611-7011 or email us at admin@aaia.ca.

We will issue a tax receipt for all donations of $15 or more.
Our charitable BN is **13176-5174-RR0001**.
You may find our privacy policy on our website: www.aaia.ca/privacy.