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### Donation Form

**Donor:**

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First Name

Middle Initial(s)

Last Name

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Address

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Province

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Postal Code

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Email address (optional)

**Donation:**

Amount:  \$50  \$100  \$200  Other : \_\_\_\_\_

Please make cheques payable to: Canadian Association for Porphyrria

**Charitable Tax Receipt:**

The Canadian Association for Porphyrria/Association Canadienne de Porphyrrie is a registered Canadian charity (CRA Registration #81282 5735 RR0001). Receipts can only be issued for donations by Canadians.

Please send my charitable tax receipt:

by e-mail  by mail  no receipt is required

**In Memory of/In Honour of:**

My donation is:

In memory of \_\_\_\_\_

In honour or on behalf of: \_\_\_\_\_

Please send a card or email notification of this donation to:

Name: \_\_\_\_\_

Address or email: \_\_\_\_\_

\_\_\_\_\_

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**Mailing Address:** CAP/ACP 13604 108 Ave NW, Edmonton, AB T5M 2C8

**Website:** [canadianassociationforporphyria.ca](http://canadianassociationforporphyria.ca)

**Email:** [canadianassocforporphyria.acp@gmail.com](mailto:canadianassocforporphyria.acp@gmail.com)