

Donor's Information Sheet

Last Name: _____ First Name: _____ Middle Name: _____

Address:

Apt. _____ Street Number: _____ Street: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Email: _____

Please indicate preferred way of communications: ___ telephone ___ email ___ regular mail

The personal information provided on this form will only be used and protected in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA).