



## CAPO Charitable Donation

Please help CAPO advance its important work by making a charitable donation. You will receive an official charitable donation receipt.

### Donor information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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Are you a CAPO member?  Yes  No

Is this donation  personal  corporate?

### Payment

Amount of donation \$ \_\_\_\_\_.

Cheque enclosed. Please charge  VISA or  MasterCard.

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

### Acknowledgment

CAPO periodically acknowledges its donors by publishing their names on its web site and in printed documents.

If you do NOT wish your name to be published, please check here .

Registered Charity # 1 2086 0119RR0001

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Please mail this form and your payment to:  
Canadian Association of Psychosocial Oncology, 296 Jarvis St., Unit 7, Toronto, ON M5B 2C5  
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