



Ethan, born with no immune system, was successfully treated with a bone marrow transplant.

Creating Success Stories

Yes, I want to help the CI Society create success stories one life at a time.

Donor Information

Mr Mrs Ms Dr Other _____

First name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Home telephone _____ Business telephone _____

Email _____

Gift Information

I would like to make a one-time donation of:

\$25 \$50 \$75 \$100 \$250 Other _____

I want to join the CI Society Monthly Giving

- I authorize the CI Society to charge my monthly donation of \$_____ to my credit card. *A small monthly donation of \$5, \$10 or \$25 can help provide consistent resources for CI Society's programs and services. An official tax receipt will be issued at year-end for your total donation. You can change or cancel your monthly gift at any time.*
-

Payment Information

Cheque (made payable to the CI Society)

Please charge the above amount to my credit card.

Credit card information Visa MasterCard American Express

Card number _____ Expiry date _____

Signature _____

Fax to 416-964-6594

Mail to CI Society P.O. Box 38540 3299 Bayview Avenue Toronto Ontario M2K 2Y5

Charitable Registration 87276 0897 RR0001