

Personal Information:

Name: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Email: _____

Option 1 Monthly donation

Yes, I want to become a **Partner Without Borders** by making monthly donations.

I authorize **Médecins Sans Frontières** to withdraw the following amount from my bank account or my credit card on the 15th day of every month. I may change the amount or cancel my monthly contribution at any time by notifying **Médecins Sans Frontières**.

Once a month I will give:

\$15 \$25 \$50 Other: \$ _____ per month

I have enclosed a cheque, with VOID written across it, for **Médecins Sans Frontières** to arrange an automatic withdrawal from my bank account.

I prefer to make my monthly donation by credit card:



Card number

Expiry date

Signature

Early in the new year, we will send you an official receipt for your total annual contribution.

Option 2 One-time donation

I prefer to make a one-time donation of:

\$50 \$75 \$150 Other: \$ _____

I want to make my gift by cheque or money order (payable to **Médecins Sans Frontières**)

I prefer to use my credit card:



Card number

Expiry date

Signature



You can send your contribution by fax:

(416) 963-8707

Or you can mail it to :

551 Adelaide St. West,
Toronto, Ontario
M5V 0N8

If you have any questions, call us at 1-800-982-7903 or email us at msfcan@msf.ca

I do not give MSF permission to share my name with other reputable charities. We will issue a tax receipt for donations of \$10 or more. Our charitable registration number is: 13527-5857-RR0001. MSF Canada adopted the Canadian Centre for Philanthropy's Ethical Fundraising & Financial Accountability Code as its policy in September 1999.
 Please send me information on making a gift in my will to MSF.
 I have named **Médecins Sans Frontières** as a beneficiary in my will.