



Canadian Foundation for Dietetic Research Memorial Donation Form

Donating to the Memorial Program provides a unique opportunity to recognize the life of a special person while, at the same time, advancing research in the dietetic profession.

Please provide the following details so we can acknowledge your donation.

This contribution is in memory of: _____

Please notify the family that a contribution has been made in their memory.

(Please put a ✓ in the box if you would like this done)

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Your personal contact information:

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Please check here if you wish to remain anonymous: _____
(Your name and address are still important for receipt purposes)

Contribution amount : \$ _____

Method of Payment -

Cheque: made payable to the **Canadian Foundation for Dietetic Research**

Credit Card: VISA / MasterCard # _____
Expiry Date: _____

Cardholder name: (print): _____

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Thank you for your donation.

Please send this form with your payment to:
Canadian Foundation for Dietetic Research
604-480 University Avenue
Toronto, Ontario M5G 1V2
Fax: 416/ 596-0603 (for credit card donations only)

Charitable tax receipts are issued monthly.

Charitable Registration Number:
89270 2150 RR0001