



Sophie's Run Donation to the Tree of Life



CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

DONATION INFORMATION:

Cheque

Please make payable to: Colorectal Cancer Association of Canada with "Sophie's Run 2007" in the memo line

VISA MasterCard American Express

Amount: \$ _____

Card # _____ Exp. Date: _____

Signature: _____

PAYMENT SUBMISSION:

Please send sponsorship form and payment to:

"Sophie's Run"

Colorectal Cancer Association of Canada,
60 St. Clair Avenue East, Suite 204, Toronto, ON, M4T 1N5

SHOULD YOU HAVE ANY QUESTIONS PLEASE CONTACT:

Nicole Chuchmach at 905-876-8080; E-mail: donations@sophiesrun.ca

* All amounts will be receipted to the maximum allowable by CCRA (Charitable Registration #866572423RR0001)