



Canadian Naturopathic Foundation Donation form

Donation Amount

\$50 \$100 \$250 \$1000 \$2000 Other \$ _____

Note: A Minimum of \$20 donation required for receipt to be issued

Check one of the funds below to specify which fund you wish to support with your donation.

Cost Effectiveness Study Research Fund Scholarship Fund General Gift (Greatest Need)

In Memory of * _____

*A card will be mailed to acknowledge your donation in memory. Please fill in the name and address for the card below:

Name: _____

Address: _____ Suite #: _____

City: _____ Prov: _____ Postal Code: _____

Payment Information

Payment can be made by cheque, VISA or MasterCard.

Please make cheques payable to the Canadian Naturopathic Foundation

Check here if cheque enclosed

Credit card information:

VISA/MC # _____ Expiry Date ____/____

Verification Code: _____

(three digit code on back of card)

Signature: _____ Date: ____/____/____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

email: _____

Phone: (bus.) _____ Phone: (home) _____

Please note: A tax receipt will be mailed at the beginning of the next calendar year.

The Canadian Naturopathic Foundation respects the privacy of our supporters and complies with the legal requirements of the Personal Information Protections and Electronic Documents Act.

Canadian Naturopathic Foundation Canadian Charitable # 0778464-21

Please return this form with your donation to:

Canadian Naturopathic Foundation
c/o Canadian Association of Naturopathic Doctors (CAND)
1255 Sheppard Ave E.
Toronto, ON M2K 1E2

Tel: 416-496-8633 Toll-free: 1-800-551-4381 Fax: 416-496-8634
Email: cnf@cand.ca Website: www.cand.ca