



JUNE 17, 2012

6TH EDITION
**WALK OF
COURAGE**
PROCURE

REGISTER NOW!

REGISTRATION FORM

REGISTRATION

- Walker
- I would like to join a team. Enter the name of the team: _____
- I would like to create a team. Indicate the name of the team: _____

CONTACT

Mr Mrs Miss _____

First Name* **Last Name***

Street Number, Street Name (or Post Office Box & Station or Rural Route Number)*

City* **Province*** **Postal code***

Telephone* **Fax**

E-mail Address

***Indicates the required information for a tax receipt**

- Please send me updates / newsletters via e-mail
- Please send me information by mail
- Veuillez correspondre avec moi en français

DONATION

Here is my donation of: \$ _____*

My fundraising goal for the Walk of Courage is: \$ _____

My team goal for the Walk of Courage is: \$ _____

* A minimal amount of **\$50** is requested to participate to the Walk of Courage is. (Free for children of 14 years old and under)

PRIVACY POLICY

- I want my name kept confidential and not included in the list of walkers
- I want the amount of my donation to be confidential

PAYMENT OPTIONS

Cheque - Cheque enclosed payable to **PROCURE**

Credit Card:   

Card Number: _____ Security Number (last 3 digits on back of the card): _____

Expiry Date: _____ Signature: _____ Date: _____

- I would like to have a receipt (An income tax receipt for donations of \$ 20 or more will be issued upon request)

Thank you for joining us in the fight against prostate cancer.

Please send this form by mail to the following address:

PROCURE, 1320 Graham Blvd. Suite 110, Town of Mount Royal (Quebec) H3P 3C8

T. 514-341-3000 F. 514-341-4445 1-866-899-CURE www.procure.ca

Registered Charity 86394 4955 RR0001