



Donation Form



I would like to support the Canadian Liver Foundation!

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

E-mail Address: _____

Here is my gift of: \$ _____

A tax receipt will be issued for your donation to the Canadian Liver Foundation.

Please select your area of support:

- Pediatric Liver Disease Hepatitis Autoimmune Greatest need

Other: _____

Payment Information

I have enclosed a cheque payable to: Canadian Liver Foundation

Please charge my:   

Credit Card #: _____

Expiry Date: _____ Phone #: _____

Name on Card: _____

Signature: _____

In order for the CLF to efficiently raise funds for our programs and services we trade names with other charitable organizations. Please check this box if you would not like us to trade your name.

Your name as you would have it appear in CLF donor listings _____

I prefer to remain anonymous in CLF donor listings.

Thank you for your generous support!

The Canadian Liver Foundation respects your privacy. The information you provide will be used to keep you informed on the activities of the Canadian Liver Foundation. If you wish to be removed from our contact lists or would like more information about the CLF's Privacy Policy, please contact us at www.liver.ca, 1-800-563-5483 or privacy@liver.ca.