

THANK YOU FOR HELPING DOCTORS WITHOUT BORDERS/MÉDECINS SANS FRONTIÈRES (MSF) PROVIDE EMERGENCY MEDICAL RELIEF TO PEOPLE IN NEED AROUND THE WORLD.

NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

A consolidated tax receipt for donations of \$10 or more will be issued in February after the previous tax year has closed. Please select how you would prefer to receive your receipt.

By mail By e-Receipt

Please check here if you want to receive information and offers from MSF.

I WISH TO MAKE A GIFT OF \$ _____

- By cheque made payable to **Doctors Without Borders/ Médecins Sans Frontières Canada.**
- By credit card:
- VISA MasterCard American Express

CARD NUMBER _____

EXPIRY DATE _____

SIGNATURE _____

Return this form to the event organizer or send your donation along with this form to:

**Attention: Community Fundraising Coordinator
Doctors Without Border/Médecins Sans Frontières
551 Adelaide Street West, Toronto, ON M5V 0N8 Canada**

Charitable Registration Number:
13527 5857 RR0001



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