

DONATION FORM

Name (please print): _____

Membership ID: _____

(A charitable donation tax receipt will be issued for donations of \$25 or more.)

CPRDF General Funds:

Lump Sum: \$ _____

or

Five year pledge of: \$ _____

(Yearly donation of this amount pledged for five consecutive years)

Please select one of the following (note that if neither box below is selected the donation will be for immediate use):

I hereby direct that the donation noted above be held for a period of not less than 10 years.

or

I hereby direct that the donation noted above be used immediately for the Foundation activities and awards in the year of donation.

Meridith Marks Award for Excellence in Education:

Lump Sum: \$ _____

or

Five year pledge of: \$ _____

(Yearly donation of this amount pledged for five consecutive years)

Payment method:

I have enclosed a cheque payable to the Canadian Physiatrists Research and Development Foundation (or CPRDF) – Cheque # _____

VISA MASTERCARD

(For one time use only, unless the five year donation option is selected.)

Account No: _____

Expiration Date: _____

Signature: _____

Address: _____

(please print) _____

The previous year's Foundation donors will be recognized on the website, on a CPRDF display at the Canadian Association of Physical Medicine and Rehabilitation's Annual Scientific Meeting (ASM) and on their name badges at the ASM. If you do not wish to have your name publicized please check the box below.

I **do not** wish to have my information listed.