

Office Use only: Date received by ACTSS: _____



Animal Cancer Therapy Subsidization Society Lucky Moffat Memorial Fund Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: () _____ Alternate #: () _____

Email: _____

Amount: \$ _____

- Cash
- Cheque
- Visa # _____ Expiry: _____ 3 digit code: _____
- Mastercard # _____ Expiry: _____ 3 digit code: _____

All donations over \$25 are eligible for a tax receipt.

Tax receipt? (Please circle) YES NO

Acknowledgement of donation sent to:

In honor of: _____

Thank you for supporting ACTSS. Your donation will be gratefully received as it is only with the generosity of people like you that we are able to continue helping pets in need.