



Credit Card Donation Form

Name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

E-Mail Address: _____

Payment Type (circle one): CASH CHEQUE VISA MASTERCARD AMEX

Please make cheques payable to "Canadian Diabetes Association"

Cardholder's Name: _____ Expiry Date (MM/YYYY): _____

Card Number: _____ Signature: _____

CSC#: _____



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