

Support spinal cord injury research: make a donation to **icord**

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Date: _____ **Enclosed is my gift of \$** _____

I have enclosed a cheque (Please make cheques payable to UBC—ICORD).

Please charge my Visa Mastercard

Card number: _____

Expiry _____ / _____

Name on card: _____

Payment schedule:

One-time payment

Pledge payment (over a maximum of 5 years):

I will contribute \$_____CDN / year for ___ years

I will contribute \$_____CDN / month for ___ months

Signature: _____

Please provide the following information for tax receipt purposes:

Your name: Mrs. Ms. Mr. Dr. _____

or

Company Name (if corporate gift; tax receipt will be issued to the company): _____

Mailing address: _____

Telephone: _____ email: _____

If you would like to make a memorial or tribute gift, please complete this section:

In honour of In memory of Name: _____

Please notify the following person of my gift (optional):

Name: Mrs. Ms. Mr. Dr. _____

Mailing address: _____

All gifts to ICORD are used to support spinal cord injury research, but if there is a specific area of research towards which you would like your gift directed, please indicate it here: _____

Please complete this form and return it by email, post or fax. Thank you very much for your generosity!