

While we recognize the importance of cancer research and applaud the medical treatment available, those who have heard the words “you have cancer” understand that recovery from cancer includes more. They know that when faced with a cancer diagnosis, they and their loved ones often find they need emotional, social, practical support and more. That’s where Wellspring fits in.

Donors like you enable Wellspring Alberta to support people living with cancer at no cost to them. We do not receive core government, hospital or agency funding, and rely on the generosity of the community to ensure **no one has to face cancer alone**.

1 MY CONTACT INFORMATION *Required Fields

Title _____	First Name* _____	Last Name* _____
Home Address* _____		City/Province* _____ Postal Code* _____
Home Phone* (____) _____ - _____	Email (H) _____	
Work Phone (____) _____ - _____	Email (W) _____	

2 MY DONATION

CREDIT CARD <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card # _____ Expiry ____/____ CVV ____ Name on Card _____	One-time credit card gift: = \$ _____ or Monthly credit card gift: = \$ _____ Between January - December \$ _____ x _____ months	TAX RECEIPTS Tax receipts for monthly gifts are issued by the end of February each year. <input type="checkbox"/> Receive your tax receipt via email. If you have selected email, please ensure it is provided in section 1. <input type="checkbox"/> Send receipt via mail.
OTHER FORMS OF PAYMENT <input type="checkbox"/> Cheque ¹ <input type="checkbox"/> Gifts of Securities ² <input type="checkbox"/> Electronic Transfer ³ = \$ _____		
MY TOTAL CONTRIBUTION = \$ _____		

3 RECOGNITION, SIGN AND DATE

HONOUR OR MEMORIAL Is this an honor or memorial gift? <input type="checkbox"/> YES, In honor of <input type="checkbox"/> YES, In memory of <input type="checkbox"/> NO Notification recipient's info: First Name* _____ Last Name* _____ Address* _____ City/Province* _____ Postal Code* _____	PLANNED GIVING Leaving a planned gift provides you with the opportunity to create lasting meaning by helping future generations. <input type="checkbox"/> My estate plans or will support Wellspring Alberta. <input type="checkbox"/> I want to learn more about Wellspring Alberta's planned giving opportunities.
DONOR RECOGNITION A donation of \$1,000 or more recognizes you as a Wellspring Alberta Leadership Donor in publications. May we recognize your donation? If yes, please print name(s) as you would like it to appear: _____ <input type="checkbox"/> YES (e.g. John & Jane Doe, Doe Family, etc.) <input type="checkbox"/> NO, I wish to remain anonymous	
Please authorize your donation by signing*: _____ Date: _____	

DONOR PRIVACY - Wellspring Alberta complies with the Association of Fundraising Professional's Donor Bill of Rights and is committed to protecting the privacy of your personal information. The information you provide is used to assist in the administration and acknowledgement of your gift, to issue tax receipts, and to fulfill your information questions. We do not release donor names unless requested by the donor. For more information, please visit wellspringalberta.ca.

Wellspring Alberta estimates fundraising and related operating costs to be 15%. Wellspring Alberta's charitable registration number is 809013675RR0001

Donate online:



THANK YOU!