



Donor's Registration Information

First Name: _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

- I wish to receive future email correspondence.
- I prefer to make my donations anonymously.

Donation Information

Amount

- \$1,000 \$500 \$250 \$200
- \$150 \$100 \$75 \$50
- \$20 Other amount: _____

- This donation is on behalf of a company. *(Tax receipt will be issued in the company name indicated.)*

Please make cheques out to **uniPHARM & Medicine Centre Pharmacies Charitable Foundation.**

Address:

UMC Charity
2051 Vandyke Place
Richmond, BC
V6V 1X6

Tax Receipts

A tax receipt will be issued within 90 days of receipt of contribution.