

Donor Information

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Donation:	□ In Memory		☐ In Honour	
In Memory or	n Honour of:			
Include a personal message in the card: (optional)				
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Please send ca	rd to:			
Name:				
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Donation Infor	mation			
I would like to make a donation to AAMAC in the following amount: (Cheques made payable to AAMAC)				
□ \$25	□ \$50	□ \$100	□ \$200	□ Other \$

Please send donation to Aplastic Anemia & Myelodysplasia Association of Canada (AAMAC), 2201 King Road, Unit #4, King City, ON L7B 1G2

Charitable Registration number: 87557 2265 RR0001