



Stevens-Johnson Syndrome Canada
awareness . education . support

Pledge Form

Donor Information (Please Print)

Name _____

Address _____

City, Province _____

Postal Code _____

Phone _____

Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now **OR** monthly quarterly yearly starting _____ (insert date).

I (we) plan to make this contribution in the form of: Cash Cheque Online Donation*

Gift will be matched by (company/family/foundation)

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

***Visit <http://www.sjscanada.org> to make your secure online donation!**

Signature(s)

Date

Please make cheque, corporate matches,
or other gifts payable to:

Stevens Johnson Syndrome Canada

64 Gillespie Dr.

Brantford, ON N3T 0J9

Tel:416.254.6543

BN: 81927 7393 RR0001