



Yes, I would like to support research and improve care by contributing to CAEP's **EM Advancement Fund** with a:

**SINGLE** donation of \$ \_\_\_\_\_.

**MONTHLY** donation of \$ \_\_\_\_\_ starting on \_\_\_\_\_ for a total pledge of \$ \_\_\_\_\_ per year. Optional: continue this donation for \_\_\_\_\_ year(s).

**ANNUAL** donation of \$ \_\_\_\_\_ starting on \_\_\_\_\_ for \_\_\_\_\_ year(s).

#### DONOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### METHOD OF PAYMENT

CHEQUE

CREDIT CARD ( ) Visa ( ) MasterCard ( ) American Express

Expiry date

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

#### DONOR APPRECIATION

Name as you would like it to appear in our donor appreciation program:

\_\_\_\_\_  I wish to remain anonymous

#### I WOULD LIKE MY DONATION DIRECTED TOWARDS (please pick one):

Annual Campaign: to be used for funding yearly research grants

Endowment Fund: where the interest generated will fund future research projects

Please send me **LASTING LEGACY PROGRAM** information about how I can support the long term future of Emergency Medicine research through my estate planning.

Donations are fully tax creditable. Charitable Registration Number: 118829357RR 0001

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