



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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