

**I AM PLEASED TO MAKE A DOANTION TO THE NORTHERN  
ALBERTA UROLOGY FOUNDATION**

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

I understand that a tax deductible receipt will be issued for donations over \$10,  
and I wish to donate:

\_\_\_\_\_ x \$5 = \$ \_\_\_\_\_

\_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

\_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

\_\_\_\_\_ x \$1000 = \$ \_\_\_\_\_

OTHER

Please call me to discuss a planned gift or bequest.

**Together with this form I will:**

*Mail my cheque to the :*

Northern Alberta Urology Foundation  
Rm 340 Meadowlark Professional Bldg  
159 Street & 87 Ave  
Edmonton, AB T5W 5W5

*Give a cheque or cash to my Doctor or staff, to convey*