



**Victoria Angel Registry of Hope**  
Markham Stouffville Health Center  
Suite 201, 377 Church Street  
Markham, Ontario  
L6B 1A1

Phone: (905) 471 1113  
Toll-free: 1 888 868 0888  
Email: info@victoriaangel.org  
Website: www.victoriaangel.org

## Thank you for your contribution!

I/WE would like to support the Victoria Angel Registry of Hope so that donated umbilical cord blood samples can be made available to people in need around the world. I/we understand that this donation will assist Cells for Life to collect, process, HLA type and cryopreserve more samples for the Registry.

**Please accept my/our donation in the amount of \$ \_\_\_\_\_**

This is a personal donation made to the Victoria Angel Registry of Hope

This is a group donation: Name of the group \_\_\_\_\_

This donation is made in memory of \_\_\_\_\_

Please send a donor appreciation card to (provide name and address):

\_\_\_\_\_

\_\_\_\_\_

Please indicate if you would like the above name to be included in the DONOR THANK YOU section of our web site.  Web site acknowledgement?  YES  NO

**Payment method:**

Cheque or money order *Payable to Victoria Angel Registry of Hope (Address above)*

I authorize credit card payment to be processed on the following card

VISA  MASTERCARD  AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on the card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

**Donation Receipt to be mailed to same address as above**  **OR**  **see below:**

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

\_\_\_\_\_

**Please print form and MAIL (with cheque/ money order) or FAX to (905) 472 2185.**