

McGill University, Gerald Bronfman Department of Oncology - DONATION TRANSMITTAL FORM (for academic purposes)

Please note that Tax receipt will be issued to the donor indicated below

Please FILL IN, and MAIL form to

Gerald Bronfman Department of Oncology, 5100 de Maisonneuve Blvd. West, Suite 720, Montreal, QC H4A 3T2

or EMAIL form to: oncologysec.med@mcgill.ca

Name of Donor

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Last

Address

Postal Code Phone number

McGill Student ID McGill Employee - Payroll Deduction
if applicable *if applicable*

Corporation / Foundation Contact Person

Amount to be donated Currency

Payment Type If Other, please specify type Card Type

Name of Credit Card Holder

Card Number Expiration Date

Is this donation in Honour/in Memory of?

Name of Honoree/Memory

Please use the space below to indicate to whom and where the acknowledgement card is to be sent:

FOR DEPARTMENTAL USE ONLY

Submitted by: Date:

Faculty/School/Department Tel. No:

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