



IPOS DONATION FORM

International Psycho-Oncology Society
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Please complete this form and submit it with your donation to the **International Psycho-Oncology Society, 189 Queen Street East, Suite 1, Toronto ON Canada M5A 1S2** or email with credit card payment to info@ipos-society.org. Make sure to include your cheque or credit card information. Please make cheques payable to the International Psycho-Oncology Society. Financial contributions to IPOS may be tax deductible. Contact your tax consultant for additional information or clarification regarding charitable deductions.

ACKNOWLEDGEMENT INFORMATION:

Please use the following name(s) in all acknowledgements of the donation: _____

- This gift is in memory of the person(s) named above.
- This gift is in honor of the person(s) named above.
- I (we) wish to have our gift remain anonymous.

IPOS will send a letter of sympathy to the bereaved if your gift is in memory of the named person(s). If your gift is in honor of the person(s) named above, IPOS will send the honoree(s) notification of your gift. Please provide the appropriate contact information below.

- Check here if you do *not* wish IPOS to send any notification.

OPTIONAL Honoree/Bereaved Information:

Name: _____

Street: _____

City: _____ State/Prov: _____ Zip + 4 or Postal Code: _____

Country: _____

Please provide any comments you would like included in IPOS' letter to the honoree/bereaved: _____

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If sending by facsimile, please remember to send **both pages** of the donation form.
See reverse side of form for payment information.

The IPOS Mission:

To be the international multidisciplinary organization dedicated to fostering the science of psychosocial and behavioral oncology and improving the care of cancer patients and their families throughout the world.

DONOR INFORMATION

Given Name: _____ Middle: _____ Surname: _____

Institution: _____

Street: _____

City: _____ State/Prov: _____ Zip + 4 or Postal Code: _____

Country: _____

Telephone: _____ Facsimile: _____

Email*: _____

Date: _____

* IPOS will email your gift acknowledgement to this address (unless otherwise instructed).

Please indicate where you would like your donation attributed to:

<input type="checkbox"/> General Contribution	<input type="checkbox"/> Arthur M Sutherland Memorial Fund	<input type="checkbox"/> Noemi Fisman Memorial Fund
<input type="checkbox"/> Low to Middle Income Country Psycho-oncologist Development and Participation	<input type="checkbox"/> Bernard Fox Memorial Fund	<input type="checkbox"/> IPOS Lifetime Fellowship Fund

DONATION RECOGNITION LEVELS *(in US dollars):*

Friend: up to \$99

Patron:\$100 – \$499

Partner:\$500 – \$999

Champion:\$1,000 – \$4,999

Legacy Circle:\$5,000 and up

TOTAL DONATION AMOUNT *(in US dollars):* \$ _____

For cheque or money order payments, remittance must be drawn on a U.S. bank or be an international money order in U.S. Dollars. A \$25.00 surcharge may be assessed to cover any collection fees.

Payment Method: VISA MasterCard American Express Cheque# _____
payable to the International Psycho-Oncology Society

Credit Card Number: _____

Expiry Date: _____

Security Code (3 digits on back of card or 4 digits on front of AmEx) _____

Credit Card Billing Address: _____

Cardholder Printed Name: _____

Cardholder Signature: _____