



Barth Syndrome Foundation of Canada
162 Guelph St., Suite 115
Georgetown, ON L7G 5X7

905.873.2391

info@barthsyndrome.ca

Your donation will help people living with Barth syndrome today and offer hope for tomorrow's treatments.

Thank you for your support!

Donor information:

Name _____
Address _____
City _____ Province _____ Postal Code _____
Email _____ Phone _____

- I am making a one-time donation of: \$20 \$50 \$75 Other \$ _____
- My cheque payable to the Barth Syndrome Foundation of Canada is enclosed
- Credit Card information: Visa or MasterCard

Name on Card:

Card Number: _____

Expiry Date: _____

- I would like to start making monthly donations
- My cheques payable to the Barth Syndrome Foundation of Canada are enclosed.
- Please charge my monthly gift of \$_____ to my credit card on the _____ (day) of each month.

I understand that I can change or cancel my authorization at any time by contacting the Barth Syndrome Foundation of Canada

Enhancing the lives and outcomes of Canadian Individuals and Families affected by Barth Syndrome