

Corporate Membership

Changing tomorrow today.



Join our growing circle of corporate friends
and help make a difference
in the lives of those impacted by a
breast cancer diagnosis in your community.

what does a corporate membership give your workplace?

- Quarterly Breast Cancer Action newsletters mailed to your place of business for your employees to read.
- An official income tax receipt.
- A FREE educational “**Lunch and Learn**” presentation delivered to your employees during their lunch break at any point during your membership period - you simply select the date!
- A special certificate acknowledging your corporate friendship to hang on your community wall.
- Honorary mention in Breast Cancer Action’s Annual Report.

MOST IMPORTANTLY....the knowledge that YOUR corporate support makes it possible for Breast Cancer Action to continue to offer educational outreach initiatives, on-site programs and core client services to members of YOUR community.



Breast cancer has a face. Hope has a place.

Complete your corporate application form today.
See reverse side for details.

Breast Cancer Action



*Breast cancer has a face.
Hope has a place.*

How to apply

✉ **Mail**

Breast Cancer Action
The Riverside Mall
739A Ridgewood Avenue
Ottawa, ON K1V 6M8

☎ **Phone**

613.736.5921

📠 **Fax**

613.736.8422

Visit our website at www.bcaott.ca

Corporate Membership Application Form

Founded in 1992, Breast Cancer Action operates a multi-functional, post-diagnosis support and resource centre meeting the needs of those living with, or affected by breast cancer in our community.

Contact Information

Mr. _____ Miss _____ Ms _____ Mrs. _____ Dr. _____

Your name: _____

Job title: _____

Direct telephone no: _____

Cell no: _____

Email: _____

Company Details

Company name: _____

Company address: _____

City & Province: _____

Postal code: _____

Payment Options

By cheque. I have enclosed a cheque for **\$1,000.00** made payable to Breast Cancer Action.

By credit card. I authorize you to debit my credit card in the amount of **\$1,000.00**.

Please indicate type of card.

Visa Mastercard Other: _____

Credit card number: _____

Valid from _____ Expires _____ Cardholder's Signature: _____

Please note that Breast Cancer Action does not sell, transfer or share client lists with any external sources. All personal information collected will remain confidential. In the event you do not wish to receive e-mail updates and/or correspondence, please notify Breast Cancer Action at your earliest convenience in writing and you will be promptly removed from our membership mailing list. Thank you.

Charitable Registration # 14077 6980 RR0001