SCAGO
Sickle Cell Awareness Group of Ontario

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Donation Form:

SCAGO formerly known as Seed of Life is touching many lives affected by Sickle Cell Disease.
It is actively seeking ways of reducing the incidence of this disease while finding ways of helping patients living with SCD improve their quality of lives.
Thousands have been reached, but more work need to be done. Without you, we will not be able to do it. This is why we need you now!

Monthly Support: **No amount is too little and you can cancel anytime.**
I would like to become a SCAGO Monthly Donor through Pre-Authorized payment as indicated below. This withdrawal will be deducted by EFT Canada
I authorized SCAGO to arrange automatic withdrawals on the 1st business day of each month for payment of my monthly donation. I understand that I may cancel, reduce or increase the amount of my donation with written consent.
For administrative purposes, kindly notify us of your intention one month prior to when you will like the change.

$_____ _____
Amount to be withdrawn Signature

Name in Full: ----------

Mailing Address: _____

_____

Date Signed: _____ Date withdrawal is to commence: _____

I prefer to contribute by: Cheque (void cheque must accompany form)

You could also support us in less conventional ways; why not consider putting SCAGO in your Will?
It's cheaper and tax efficient.

( ) ***Please send me information about putting SCAGO in my Will or/and ( ) Supporting the Sunday Afolabi Scholarship Fund.***

Please return this form to SCAGO'S representative OR in the return addressed envelop to:
SCAGO office below

415 Oakdale Rd. Unit 235. North York, ON M3N 1W7. Website: www.sicklecellanemia.ca.
E-mail: info@sicklecellanemia.ca Ph: 416-745-4267/ 705-719-2750