



LIFE FROM KNOWLEDGE

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**CANADIAN INTENSIVE CARE FOUNDATION
MEMBERSHIP APPLICATION / RENEWAL and DONATIONS**

TITLE	FIRST NAME	LAST NAME	PROF. DESIGNATION
Become a member <input type="checkbox"/> Renew my membership <input type="checkbox"/> Make a Donation <input type="checkbox"/>			
MAKE A DONATION			
<input type="checkbox"/> Apply my donation to where it is most needed		AMOUNT: \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/>	
<input type="checkbox"/> Direct my donation to Research Grants		Other Amount \$ _____	
<input type="checkbox"/> Direct my donate on to Educational Grants			
<input type="checkbox"/> Direct my donation to CICF approved & sponsored Research & Educational projects by the CCCTG			
<input type="checkbox"/> Direct my donation to the Dr. Bill Sibbald Fellowship Award			
HOME			
Address: _____			
City: _____		Prov: _____	Postal Code: _____
Phone: _____		Fax: _____	Email: _____
BUSINESS NAME			
Address: _____			
City: _____		Prov: _____	Postal Code: _____
Phone: _____		Fax: _____	Email: _____
Income Tax Receipts will <u>only</u> be issued for Donations over \$25.00, but not for Membership Fees			
Payment Method <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Single One Time Donation in the Amount of \$ _____			
Regular Monthly Donation in the Amount of \$ _____ Visa or MasterCard			
Membership: \$25.00 per annum		Preference for Tax Receipt: _____ Personal	
Total Amount Submitted \$ _____		_____ Business	
Card No. _____		Exp. Date _____	
Signature _____		Date _____	

CICF is dedicated to improving Critical Care through Research & Education. Visit our website at: www.cicf.ca - for more information on how you can get involved.

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