



**Medical Alumni Association**

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I've enclosed a cheque made payable to **Medical Alumni Association** to process my one-time gift.

**Recognizing Your Gift:** Your generous support will be recognized in *MAA Matters*.

Please do not publish my name on any donor listing.

**Tax Receipt:** A tax receipt will be issued for your income tax purposes.

**Please mail or fax this form to:**

Medical Alumni Association  
MSB 3249 - 1 King's College Circle, Toronto, ON, M5S 1A8  
FAX: (416) 978-0959