



DEFEAT DUCHENNE. CHANGE LIVES.

Thank you for your commitment as a monthly donor to Jesse's Journey! You play a vital role in Jesse's Journey's ability to continue to fund the most promising research into Duchenne muscular dystrophy.

Please complete the information below and return to:

Jesse's Journey
PO Box 51, Stn B
London, ON N6A 4V3

Name: _____

Address: _____

City/Province/Postal Code: _____

I would like to make a monthly donation of \$_____

Beginning on the 1st business day of _____ (month)

I have enclosed a voided cheque

OR

I prefer to pay by credit card:

VISA

MasterCard

AMEX

Card Number: _____

Expiry Date: _____ Name on Card: _____

Phone Number: _____

Email Address: _____

I authorize Jesse's Journey process a donation each month in the amount stated above. I understand that I may cancel my monthly gift at any time by sending a written request to the address above or by sending an email to info@jessesjourney.com

Donor Signature

The Foundation for Gene and Cell Therapy (Jesse's Journey) PO Box 51 Stn. B London, ON N6A 4V3
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519-645-8855 www.jessesjourney.com