



In Memoriam Donation Form

Donor's information:

Surname :		Name :	
Address :			
City :			
Province :		Postal code :	
Email :			
Donation amount :			

Name and surname of the deceased person: _____

I would like the Foundation to notify the family about my donation: Yes No
(Please note that your donation amount will not be disclosed.)

Person to be informed :

Surname :		Name :	
Address :			
City :			
Province :		Postal code :	
Email :			

Sympathy message to be written on the condolences card

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Please return this form along with a cheque made payable to Ataxia Charlevoix-Saguenay Foundation at the following address :

**Ataxia Charlevoix-Saguenay Foundation
2100-1000, Sherbrooke Street West
Montreal QC H3A 3G4**

Thank you for your generosity. A tax receipt will be issued for donations of \$20 or more
Registration number as a charitable organisation : 856980321 RR0001