

In Memoriam Donation Form

Donor's information:

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

***Email required to send you your donation receipt**

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

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

