



Fondation de l'Ataxie  
Charlevoix-Saguenay

## In Memoriam Donation Form

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Please provide the information required below:

First name and family name of the deceased person \_\_\_\_\_

I would like the Foundation to notify the family about my donation:  Yes  No

In Memoriam family to receive condolence card

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Message to write on the condolence card

Donor's information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

email \_\_\_\_\_

**Amount of Donation** \_\_\_\_\_

Thank you for your generosity

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Please print this form and mail it to the address below with your cheque made payable to:

Ataxia of Charlevoix-Saguenay Foundation  
1, Place Ville-Marie, 39<sup>th</sup> floor  
Montreal (Quebec), Canada, H3B 4M7

Registered charitable organisation with Revenue Canada Agency and Revenu Québec # 856980321 RR0001