



Fondation de l'Ataxie  
Charlevoix-Saguenay

## Donation Form

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Please fill in the information below:

Name \_\_\_\_\_  
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City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
\*Email \_\_\_\_\_  
Donation amount \_\_\_\_\_

**\*Email address required to send the charitable receipt**

Thank you for your generosity

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Please mail this form and your cheque to:

Ataxia Charlevoix-Saguenay Foundation  
1000 Sherbrooke street West, suite 2100  
Montréal QC H3A 3G4

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