

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
1000 Sherbrooke Street West, suite 2100
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