

## In Memoriam Donation Form

### Donor's information:

<b>Surname</b>		<b>Name</b>
<b>Address</b>		
<b>City</b>		
<b>Province</b>		<b>Postal code</b>
<b>*Email</b>		
<b>Donation amount</b>		

\*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 :

<b>Surname</b>		<b>Name</b>
<b>Address</b>		
<b>City</b>		
<b>Province</b>		<b>Postal code</b>
<b>Email</b>		

### 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