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QCA 0235-0532

DONATION FORM BY CHEQUE OR CREDIT CARD

Mr. Ms.

FIRST NAME : _____ NAME : _____

COMPANY : _____

ADDRESS : _____

CITY : _____ PROVINCE : _____ POSTAL CODE : _____

TELEPHONE : _____ EMAIL : _____

wish to receive the newsletter

A receipt for tax purpose will be issued for donation of \$25 and more.

DONATION AMOUNT

25\$ 50\$ 100\$ 150\$ 200\$ OTHER : _____

PAYMENT METHOD

Check : Payable to CIAC MTL VISA MASTERCARD

CARD NUMBER : _____

EXPIRATION : _____ CVC : _____ Je veux que mon don demeure confidentiel.

want my donation to remain confidential

RECEIPT TO THE NAME OF : _____

DATE : _____

SIGNATURE : _____

WE NEED YOUR HELP. THANK YOU FOR YOUR GENEROSITY!