



Donation form

Donor information

- Donation from an individual
 Donation from a company

Name: _____

Address _____

No street

Apt. / Office

City

Postal code

Email: _____

Phone: _____

Donation amount: 25 \$ 50 \$ 100 \$ _____ \$

A tax receipt will be issued for all donations of \$20 or more.

Donation to a local chapter

If you wish to designate your donation to a specific local chapter, please indicate which chapter: _____

Payment method:

CASH

The amount must be deposited in the Special Olympics Québec bank account:

Institution number: 815 (Caisse Desjardins)

Transit number: 92004

Account number: 93342-4

Please attach a copy of the deposit slip to this form.

CHEQUE

Cheques should be made payable to: Special Olympics Quebec

Please enclose cheque with this form.

CREDIT CARD (Visa or MasterCard)

I authorize you to charge this amount to my credit card:

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Exp :

□ □ / □ □
MM AA

Signature of credit card holder

Please sent this form to:

Special Olympics Québec
1274 Jean-Talon Est, suite 200
Montréal (Québec) H2R 1W3