General donation form

Please fill out this form and send it back to :

ALS SOCIETY OF QUEBEC
5415 Paré st., suite 200, Mount-Royal QC H4P 1P7
or by fax at: 514-725-6184

Donor's name : _____

Adress: _____ **Apt.:** _____

City : _____ _____ **Prov. :** _____ **Postal code :** _____

Tel. : (_____) _____ **-** _____ **email** : _____

☐ **20$** ☐ **50 $** ☐ **100 $** **Other amount** _____**$**

Donation method :

☐ **Cheque in the name of ALS Society of Quebec is attached**

☐ **VISA** ☐ **MasterCard**

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☐ **AMEX**

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Expiry date : _____**mm** _____**yy**

Signature : _____

*a tax receipt is automatically issued for donations of 20$ and more.

Pssst! If your employer is part of a recognition or matching program, they will donate a matched amount to ALS Quebec when you advise them of your donation. Ask your employer today!

MERCI! / THANK YOU!
Pour plus d'information / For more information : www.sla-quebec.ca
No d'enregistrement / Registration number : 119153187RR0001