



# DONATION FORM



Yes, I want to contribute to the well-being of the people in my community!

## General Information

Last Name	
First Name	
Address	
Telephone (H)	

Business Name (if applicable)	
City	
Postal Code	
Telephone (O)	
Email	

## One-time donation

- I wish to make a donation and receive a tax receipt  
 I wish my donation to remain anonymous  
 Here is my contribution:  \$50  \$100 or \$\_\_\_\_\_ (min. \$5)

### PAYMENT METHOD:

- Cheque or postal money order paid to the order of the Argenteuil Hospital Foundation  VISA  MasterCard

Card Number	Expiration Date
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Signature \_\_\_\_\_

Address Street \_\_\_\_\_

City Postal Code \_\_\_\_\_

Telephone Email \_\_\_\_\_

## I WISH TO MAKE A MONTHLY DONATION

- \$10  \$25  \$50 or \$\_\_\_\_\_ (min. de \$5)

### Bank deductions

I am attaching a cheque marked "VOID" and I authorize the Argenteuil Hospital Foundation to withdraw monthly from my bank account the amount indicated above.

### Credit Card

I authorize the Argenteuil Hospital Foundation to deduct from my credit card on a monthly basis the amount indicated above.

- VISA  MASTERCARD

Card Number	Expiration Date
-------------	-----------------

Signature \_\_\_\_\_

For all donations of \$20 or more, you will receive a receipt for income tax purposes.

- I do not want a receipt.

## Periodic pay deductions

\$2	\$5	\$10	\$15	Other Amount \$	Annual Total \$
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For 26 pay periods

## One-time pay deduction

\$20	\$50	\$100	\$200	Other Amount \$
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Employee Number

I wish to receive information about the Foundation.

I authorize my employer to withdraw these salary deductions until I issue a revocation to the Foundation; until then, the commitment will automatically remain in force. Should my employment be terminated, I will contact the Foundation to transfer my salary deduction into a monthly deduction or to some other form of donation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Argenteuil Hospital Foundation has adopted a policy of confidentiality and protection of personal information.

Please return this form, duly completed, to the Foundation by mail:

145, avenue de la Providence, Lachute, QC J8H 4C7

Telephone: 450-562-3761, Ext. 72100 | Email: fha@ssss.gouv.qc.ca | Federal Registration No.: 860175736 RR0001