



Fondation du CLSC-CHSLD des Patriotes  
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## DONATION FORM

Yes, I support the Fondation du CLSC-CHSLD des Patriotes and I wish to contribute in order to ensure the best possible well-being of persons suffering severe loss of autonomy and/or help the disadvantaged and families in need and/or contribute to the best possible care to the patients.

**Donation amount:** \_\_\_\_\_ \$

**I want my donation to be used in the following way:**

\_\_\_ as per the Fondation priorities                      \_\_\_ to CLSC des Patriotes  
\_\_\_ to the Montarville Center                              \_\_\_ to home care services  
\_\_\_ to the Marguerite-Adam Center

**Donor Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: (home) \_\_\_\_\_ Tel: (office) \_\_\_\_\_

**Anonymous donation:** \_\_\_ Please indicate with a check mark if you do not wish to have your name on a donor list or honour board and simply wish to make an anonymous donation

**In Memoriam Donation – To the memory of:** \_\_\_\_\_

Person to inform (if unknown, the funeral home) : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

A card will be sent by the Fondation to inform the family (without mentioning the \$ amount given) of the donor's name and address.

**By check:**

I include a check in the name of the Fondation du CLSC-CHSLD des Patriotes

**By credit card:**

VISA or MASTERCARD: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: (mm/yy) : \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**An official receipt for fiscal purpose will be issued for donation over 15\$**

Charitable organization registration number: 89287 8356 RR0001

**Please send this form by mail or by fax**