



## **Donation form**

Note : This information will be used to produce a tax receipt, please write clearly

Name:		
Email:		
Address:		
City:		
Province:	Postal Code:	Tel:
l support a participant $\Box$	I support a team □	
Name of participant or team:		
Please accept my donation of:	□ \$250 □ \$500	□ \$1000 Other :
We recognize those who donate \$500	or more in our publication	ns. Check here if you wish to remain anonymous. 🛛 🛛
<ul> <li>Payment options:</li> <li>O Cash</li> <li>O Cheque: Make-A-Wish Qué</li> <li>O Credit Card</li> </ul>	<mark>bec</mark> □ Visa	□ MasterCard
#Card :		Expiration Date :
Number behind card :		
Name on card :	Signat	ture :
	<b>Note</b> : You can donate directly Receipts are automatically	y online : <u>www.48heuresvelo.ca</u> sent for donations over 20\$
	Make-A-W 353, St-Nicolas street, suite	<mark>d cash/cheque:</mark> Vish Quebec 210, Montréal, QC H2Y 2P1 474 Fax (514) 221-4774