



DONATION FORM

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

Individual ☐ Company ☐

Name: _____

Company: _____
(for corporate donations)

Email: _____
(to receive your tax receipt by email)

Address: _____

City: _____

Province: _____ Postal Code: _____ Tel: _____

I support a participant ☐ I support a team ☐ I support the event ☐

Name of participant or team: _____

Please accept my donation of:

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 Other: _____

We recognize those who donate \$500 or more in our publications. Check here if you wish to remain anonymous. ☐

Payment options:

- ☐ Cash
☐ Cheque: **Make-A-Wish Québec**
☐ Credit Card ☐ Visa ☐ MasterCard

#Card : _____ Expiration Date : _____

CVV (3 digits) : _____

Name on card : _____ Signature : _____

Note : You can donate directly online :

www.rideforwishes.ca

Receipts are automatically sent for donations over 20\$

Make-A-Wish Quebec

353, St-Nicolas street, suite 210, Montréal, QC H2Y 2P1

Telephone (514) 488-9474 | Fax (514) 221-4774

Charitable Registration Number: 876189119RR0001