



DONATION FORM

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

Individual 🗆 Company 🗆		
Name:		
Company:		
Email:		
Address:		
City:		
Province:	_Postal Code:	Tel:
l support a participant 🛛	l support a team [\Box I support the event \Box
Name of participant or team:		
] \$1 000 Other :
Payment options: O Cash O Cheque: Make-A-Wish Québ		s. Check here if you wish to remain anonymous. \Box
O Credit Card	Visa	□ MasterCard
Card :		_ Expiration Date :
VV (3 digits) :		
ame on card :	Signature :	
		tly online : <u>www.48hourride.ca</u> sent for donations over 20\$
353 St-Nicolas street si	Make-A-Wisl	

Charitable Registration Number: 876189119RR0001