



## Donation Form

Name : \_\_\_\_\_ Given name : \_\_\_\_\_

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

City : \_\_\_\_\_ Prov. : \_\_\_\_\_ Postal code : \_\_\_\_\_

Phone : \_\_\_\_\_

I wish to support a specific activity : \_\_\_\_\_

Amount : \_\_\_\_\_

**METHOD OF PAYMENT**

Visa :

Master Card :

Card no. : | | | | | | | | | | | | | | | | | | | | | |

Expiry date: | | | | | |

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**By cheque** (made out to the Fondation Charles-Bruneau)

**Please forward the duly completed form to the attention of :**

Fondation Charles-Bruneau  
4515 rue de Rouen  
Montréal, Québec H1V 1H1  
Phone : 514.256.0404 or 1.877.256.0404 – Fax : 514.256.2116  
[www.charlesbruneau.qc.ca](http://www.charlesbruneau.qc.ca)  
(Registration #.: 13190 3874 RR0001)