



Scleroderma

SCLERODERMA QUEBEC

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sclerodermafoundation.ca

Charitable Registration Number 89808 9693 RR0001



DONATION FORM

Name:		Date:	
Address:			
City:		Province:	Postal Code:
Phone:		Email:	
<input type="checkbox"/> I have been diagnosed with scleroderma*		<input type="checkbox"/> I would like to subscribe to Scleroderma Quebec's Newsletter	
<input type="checkbox"/> I am a relative of a person diagnosed with scleroderma* <small>*information will be kept strictly confidential</small>		<input type="checkbox"/> I want a tax receipt	
Donation Amount:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50
	<input type="checkbox"/> \$25	Other: \$	
<input type="checkbox"/> Cheque (Payable to Scleroderma Quebec)			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	Credit Card Number:	Expiration Date: (____/____)
Signature :			
Note: For credit card payments please return your form by fax to 450-748-0981 or by mail to the adress mentionned above.			
If your donation is in memory or in honor of a special person, please complete the section below.			
<input type="checkbox"/> In memory of:			
<input type="checkbox"/> In honor of:			
<input type="checkbox"/> Person to be notified (a card with your name will be sent to him/her acknowledging your kind gift):			
Address:			
<input type="checkbox"/> I would like more information on how to make a testamentary bequest to Scleroderma Quebec			