



**Scleroderma**

TM

**SCLERODERMA QUEBEC**

550 chemin Chambly, Office 40

Longueuil QC J4H 3L8

Phone: 514-990-6789 • Fax: 514-666-1639

Email: info@sclerodermie.ca

**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 Le BULLETIN	
<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: (____/____)
Name as it appears on credit card:		Signature:	
Note: For credit card payments please return your form by fax to 514-666-1639 or by mail to the address mentioned above.			
If your donation is in memory or in honour of a special person, please complete the section below.			
<input type="checkbox"/> In memory of:			
<input type="checkbox"/> In honour 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			