

Scleroderma
Quebec™



SCLERODERMA QUEBEC

110 De La Barre Street, Suite 210, Longueuil, QC J4K 1A3

Telephone: 514-990-6789

Toll free: 1 844 990-6789

Email: info@sclerodermie.ca

sclerodermie.ca/en

Charitable Registration Number: 89808 9693 RR0001



DONATION FORM

Name:		Date:	
Address:			
City:		Province:	Postal Code:
Telephone:		Email:	
<input type="checkbox"/> I have been diagnosed with Scleroderma*			
<input type="checkbox"/> I am a relative of a person diagnosed with scleroderma* (*information will be kept strictly confidential)			
<input type="checkbox"/> I would like to receive the Scleroderma Quebec News Bulletin <input type="checkbox"/> By mail <input type="checkbox"/> By email			
<input type="checkbox"/> I would like to receive Scleroderma Quebec's informational emails and newsletters.			
My email address: _____			
<input type="checkbox"/> I consent to being contacted by Scleroderma Quebec.			
CONTRIBUTION OPTIONS			
Donation Amount:		<input type="checkbox"/> \$200	<input type="checkbox"/> \$100
		<input type="checkbox"/> \$50	<input type="checkbox"/> \$25
		Other: \$	
<input type="checkbox"/> I am enclosing a cheque payable to Scleroderma Quebec. Please return this form together with your cheque.			
<input type="checkbox"/> I prefer to make my donation online (credit card or bank transfer) at www.sclerodermie.ca/en			
<input type="checkbox"/> I would like to receive a tax receipt.			
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 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 about making a bequest to Scleroderma Quebec.			