



Fondation du CLSC des Patriotes
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DONATION FORM

Yes, I support the Fondation du CLSC des Patriotes, I wish to contribute in order to ensure the best possible well-being of persons suffering severe loss of autonomy and/or help the disadvantaged and families in need and/or contribute to the best possible care to the patients.

Donation amount: _____ \$

I want my donation to be used in the following way:

___ as per the Fondation priorities ___ to CLSC des Patriotes
___ to the Montarville Center ___ to home care services
___ to the Marguerite-Adam Center

Donor Name: _____

Address: _____

City: _____

Postal Code: _____

Tel: (home) _____ Tel: (office) _____

Anonymous donation: ___ Please indicate with a check mark if you do not wish to have your name on a donor list or honour board and simply wish to make an anonymous donation

In Memoriam Donation – To the memory of: _____

Person to inform (if unknown, the funeral home) : _____

Address: _____

City: _____

Postal Code: _____

A card will be sent by the Fondation to inform the family (without mentioning the \$ amount given) of the donor's name and address.

By check:

I include a check in the name of the Fondation du CLSC des Patriotes

By credit card:

VISA or MASTERCARD: _____

Card number: _____

Expiry date: (mm/yy) : _____

Cardholder name: _____

Cardholder signature: _____

An official receipt for fiscal purpose will be issued for donation over 25\$

Charitable organization registration number: 89287 8356 RR0001

Please send this form by mail