



PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____ App. _____

City _____ Province _____ Postal Code _____

Tel.(Home) _____ Tel.(Mobile) _____

Email _____

Language French English

I wish to receive the Fondation québécoise du sida newsletter

YOUR DONATION

\$12 /month \$20 /month \$40 /month \$50 /month \$100 /month

Other monthly donation _____ Single donation _____

The minimal monthly donation is \$8. Bi-monthly donations are also feasible.

PAYMENT METHOD

Payment by cheque

Enclose the cheque to this form

Payment by Credit Card

Visa Mastercard

Card Number _____ Expiration Date _____

Bank Account

Bank Number _____ Branch _____

Transit Number _____ Account Number _____

Date of Donation (for monthly donation only) 05/____/____ OR 15/____/____

*** You can cancel or modify your donation at any time. A tax receipt will be sent at the beginning of the year for any donations over \$21.

I authorise the Fondation québécoise du sida to withdraw the previous amount from my bank account or my credit card.

Signature _____ date _____

FONDATION QUÉBÉCOISE DU SIDA

1, Sherbrooke East Street Montréal (QC) H2X 3V8
514 842-4004 — info@fqsida.org — fqsida.org
Charity Number 14060 7490 RR00041

The Fondation québécoise du sida fights HIV/AIDS
by funding well established local organizations.

Thank you for your contribution to the Fondation québécoise du sida! We assure you that your information will not be shared with any third parties.