



Regroupement
Soutien aux Aidants
Maison Gilles-Carle
Brome-Missisquoi

Donation Form

Please send the completed form to the following address:
RSABM, 614, J.-André Deragon Boulevard, Cowansville (Qc) J2K 0H7

TO THE MEMORY OF _____

Information on the donator

Last name :		First name :	
Address :		App :	
City :	Province :	Country :	Postal code :
Téléphone :		E-mail :	

Information on the donation

Amount: _____ \$	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit/Debit Card	<input type="checkbox"/>	Bank transfer	<input type="checkbox"/>
I want my official receipt		<input type="checkbox"/>						

CONFIRMATION

<input type="checkbox"/> I make the donation to the memory of the above mentioned person. Thank you to advise the following person for my donation :			
Last name :		First name	
Address :		App :	
City :	Province :	Country :	Postal code :
Téléphone :		E-mail:	

*The RSABM / Maison Gilles Carle thank you for your donation.
An official tax receipt will be issued for all donations of \$20 or more.*