



Regroupement  
*Soutien aux Aidants*  
*Maison Gilles-Carle*  
Brome-Missisquoi

## DONATION FORM

*TO THE MEMORY OF* \_\_\_\_\_

### INFORMATION ON THE DONOR

|                                                                       |            |                                                                   |               |
|-----------------------------------------------------------------------|------------|-------------------------------------------------------------------|---------------|
| Last name :                                                           |            | First name :                                                      |               |
| Address :                                                             |            | Apt :                                                             |               |
| City :                                                                | Province : | Country :                                                         | Postal code : |
| Phone :                                                               |            | E-mail :                                                          |               |
| I would like my donation to remain anonymous <input type="checkbox"/> |            | I would like to receive your newsletters <input type="checkbox"/> |               |
| I would like a receipt <input type="checkbox"/>                       |            | Registered charity organization : 889704946RR001                  |               |

|                                                                                         |                          |                                                                                                |
|-----------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------|
| Amount : _____ \$                                                                       | <input type="checkbox"/> | Cash / Debit / Interac transfert / Bank transfer                                               |
|                                                                                         | <input type="checkbox"/> | Check (Please make your check payable to Regroupement Soutien aux Aidants de Brome-Missisquoi) |
|                                                                                         | <input type="checkbox"/> | Credit card No. : _____ Exp. ___/___ CVC _____                                                 |
| Signature : _____                                                                       |                          |                                                                                                |
| It is possible to make your donation online by visiting our website.<br>(www.rsabm.ca). |                          |                                                                                                |

|                                                                                                                                                      |            |              |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|---------------|
| <input type="checkbox"/> <b>I make the donation in memory of the above-mentioned person.<br/>Please send a confirmation to the following person.</b> |            |              |               |
| Last name :                                                                                                                                          |            | First name : |               |
| Address :                                                                                                                                            |            | Apt :        |               |
| City :                                                                                                                                               | Province : | Country :    | Postal code : |
| Phone :                                                                                                                                              |            | E-mail :     |               |

*The Brome-Missisquoi Caregivers Support Group/Maison Gilles-Carle Brome-Missisquoi  
thanks you for your donation.  
An official tax receipt will be issued for donations of \$20 or more.*