

donation form



Yes, I wish to help support le Domaine Forget

CONTACT INFORMATION:

Last Name and First Name: _____

Company or business name (if applicable): _____

Telephone (work): _____ (home): _____

Address (home or work): _____

City: _____ Postal Code: _____ Email: _____

I wish to donate \$ _____ total, details as follows:

- ☐ Annual contribution of: \$ _____ ☐ 2 years **OR** ☐ 5 years.
☐ One total contribution of: \$ _____

METHOD OF PAYMENT

☐ By cheque to the order of: **Domaine Forget**
(Send me a reminder ☐ or an annual statement ☐ each _____ of _____)

☐ The first payment is included

OR

☐ The first payment to be paid on ____/____/____ (dd/mm/year)

☐ Visa ☐ MasterCard

Card Number: _____

Name on the card: _____ Expiration date: ____/____ CVC: ____

GIFT ALLOCATION

Allocate my contribution to:

- ☐ Domaine Forget development fund used for the organisation's general needs
☐ Jacqueline and Paul Desmarais Scholarship Fund
☐ Artistic development fund

☐ My gift is confidential

☐ The amount of my gift is confidential

I understand that I can change or cancel my contribution anytime

Donor's signature

Date