

# DONATION FORM



## YOUR DONATION

### One-time donation

Amount: \$ \_\_\_\_\_

by check payable to **Domaine Forget de Charlevoix**

by credit card: Name on the card: \_\_\_\_\_  
Card number: \_\_\_\_\_  
Expiration date : \_\_\_\_ / \_\_\_\_ Security code: \_\_\_\_\_

### Monthly donation\*

Amount: \$ \_\_\_\_\_ / month, debited on the  1<sup>st</sup> day of the month OR the  15<sup>th</sup> day of the month by credit card.

Name on the card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date : \_\_\_\_ / \_\_\_\_ Security code: \_\_\_\_\_

\* You may change or cancel this commitment at any time.

## DONATION RECOGNITION

For recognition purposes, I would like my donation to be listed under the following name(s) on the donor lists:

\_\_\_\_\_

I prefer to remain anonymous.

## YOUR CONTACT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Donor signature \_\_\_\_\_ Date \_\_\_\_\_

### Le Domaine Forget de Charlevoix

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### To contact us

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