

DONATION FORM – PLACEMENTS SPORTS

Donor's name _____

Address _____

City _____ Province _____ Postal code _____

Telephone _____ E-mail _____

Donation amount _____ \$

Method of payment :

- Cash
- Cheque (*made to the attention of **Sports-Québec**, indicating Curling Québec in the information line*)
- Credit card

Name on credit card _____

Card number _____ Exp. date _____

Signature of cardholder _____

By signing below, I accept that my donation will go towards Curling Québec's operation.

Signature _____ Date _____

A receipt will be issued for all donations of 25\$ or more. All donations of 25\$ or more will allow the federation of Curling Québec to benefit from Placements Sports' previously described matching program..

Send from to (by mail, e-mail or fax) : Marc-André Robitaille
Curling Québec
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E-mail : marobitaille@curling-quebec.qc.ca
Telephone : 514-252-3088, ext 3586
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