

GENERAL DONATION FORM AND SPONSORSHIP

REGISTRATION TYPE

I sponsor a cyclist

Enter the name of the cyclist: _____

I sponsor a team

Enter the name of the team: _____

CONTACT

Mr Mrs

First Name*

Last Name*

Street Number, Street Name (or Post Office Box & Station or Rural Route Number)*

City*

Province*

Postal code*

Telephone

Fax

E-mail Address

* Indicates required information for a tax receipt

Please send me updates / newsletters via e-mail

Please send me information by mail

Veuillez correspondre avec moi en français

DONATION

Here is my donation of: \$ _____ *

This is a single gift amount

This is a monthly donation to the 15th day of each month.
(I understand that I may cancel this agreement at any time by calling 1-866-899-CURE)

Note : For automatic deductions from your bank account, please attach to this form a check marked "VOID"

PRIVACY POLICY

I want my name kept confidential and not included in the list of sponsors/donors.

I want that the amount of my donation to be confidential

PAYMENT OPTIONS

Check - Check enclosed made payable to **PROCURE**

Credit card:



Card Number: _____ Security Number (last 3 digits on back of the card): _____

Expiry Date: _____ Signature: _____ Date: _____

An income tax receipt for donations of \$ 25 or more will be issued upon request

I would like to have a receipt

Please send this form by mail to the following address:

1320 Graham Blvd. Suite 123, Ville Mont-Royal (Quebec) H3P 3C8

T. 514-341-3000 F. 514-341-4445 1-866-899-CURE

Registered Charity 86394 4955 RR0001