

I WANT TO SHOW MY LOCAL LOVE.

☐ I would like my donation to remain anonymous.

☐ Mrs ☐ Mr

NAME (PLEASE USE CAPITAL LETTERS)

EMPLOYEE NUMBER

HOME ADDRESS - Revenue Canada requires the donor's personal address on the charitable donation receipt issued by Centraide Laurentides.

CITY

PROVINCE

POSTAL CODE

☐ I consent to Centraide Laurentides using my contact information to send me communications.

☐ I would like to subscribe to the Centraide Laurentides newsletter.

EMAIL - Required to receive your electronic tax receipt.

COMPANY

PAYROLL DEDUCTION, the easiest way to contribute!

26 pays /
year

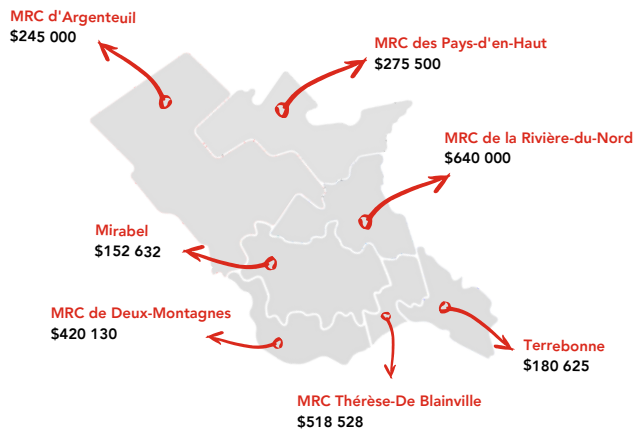
☐ \$ 10 ☐ \$ 20 ☐ \$ 50
☐ \$ 75 ☐ \$ _____

52 pays /
year

☐ \$ 5 ☐ \$ 10 ☐ \$ 25
☐ \$ 40 ☐ \$ _____

☐ I confirm my total annual donation of \$ _____

Together, we strengthen the social safety net to provide vital resources to people in vulnerable situations.



CREDIT CARD

☐ VISA ☐ MASTERCARD

CARD NUMBER EXPIRY DATE

☐ A one-time donation of \$ _____

☐ A monthly donation of \$ _____ x 12 = \$ _____ / year
(Donations are withdrawn on the 15th of the month and will start in January.)

CHEQUE

CASH

Donation of \$ _____

Donation of \$ _____

Centraide Laurentides will issue an electronic tax receipt for a donation of \$ 20 or more. The receipt will be sent next January, at the latest.

☐ I prefer to get a receipt in the mail.

☐ I would like a receipt for a donation under \$ 20.

SIGNATURE OBLIGATORY (Required)

DATE (Year - Month - Day)

PHONE (Required for credit card payment)

Centraide Laurentides is committed to protecting the confidentiality of your personal information.



401-1250, Michèle-Bohec
Blainville (Quebec) J7C 5S4
P : 450 436-1584
bureau@centraidelautentides.org

Charity organisation number : 10688 5270 RR 0001

LET'S ALL LEND A HAND