

Donator Form – Marathon FCRDM 17’

Informations

Ms. Mr.

Last Name: _____ First name: _____

Co. (if the donation is made by a company): _____

Address _____

(Mandatory address to receive a tax receipt)

City: _____ Zip code: _____

Telephone: _____

Email: _____

Donation

The name of the participant: _____

Donation: _____ \$

➔ A tax receipt will be automatically issued for a donations of 20\$ or more

Payment:

I wish my donation remain anonymous

Check (To order of **Fondation CRDM**)

Cash (*Do not send cash by mail please*)

By credit card:

Visa

Master Card

Card #: _____

Expiry date: ____/____/____ Name (Capital letters): _____

Signature: _____

Your message to the participant* (Optional)

* Your message will appear on the Marathon FCRDM Website in the profile of the participant you donate

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Fcrdm-2015-09