

DONATION FORM - PLACEMENTS SPORTS PROGRAM

Donor's name _____

Address _____

City _____ Province _____ Postal code _____

Telephone _____ email _____

Donation \$ _____

Form of payment:☐ Cash ☐ Publically traded shares☐ Cheque to the order of **Sports Québec**
(please indicate at the bottom of your cheque, Donation for Quebec Handball Association).☐ Visa ☐ MasterCard

Name on the card _____

Card number _____ Exp. date _____

Automatic withdrawals on credit card:Periodicity: ☐ Week ☐ Month Amount per withdrawal \$ _____

Total amount of donation \$ _____ Withdrawals starting date _____

Signature for the card _____

Would you like to have your name appear next to your donation or would you rather give anonymously?

- ☐ You can publish my name and amount donated.
- ☐ I would like my name published, but the amount I give to remain private.
- ☐ I wish to remain anonymous.

By signing this form, I accept that my donation will serve to support Quebec Handball Association operations.

Signature _____ Date _____

*A receipt will be issued for a donation of \$25 and more. All donations of \$25 and more will also be matched by a grant from **Placements Sports**, as established by the Quebec Government program for all donations in favour of Quebec Handball Association. Quebec Handball Association will not sell nor share its list of donors.*

Please send the completed form to :
(your form can be sent by mail, email or by fax)

M. Michel Séguin
Quebec Handball Association
4545 Pierre-de-Coubertin
Montréal, Qc. H1V 0B2
Email : info@sports-4murs.qc.ca
Telephone : 514-252-3062 Fax : 514-252-3103

