

**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](mailto:info@sports-4murs.qc.ca)  
Telephone : 514-252-3062 Fax : 514-252-3103

