

Donation Form

Help us achieve our project of building a new Curling Center by making a donation.

Donor Information

☐ Mr. ☐ Mrs.	Name of d	onor:				
Addre						
City:					Postal code:	
Phone:			Email:			
		* A to	Don a x receipt will be issued j		525 and more.	
					go toward the support of Curling des nt of federated sport in Canada.	
	villingly; I conf			_	ns, this contribution is made unconditionally donation or for a person who is bound to me)	
relate	d parties) may	y have for training	9.	enses, travel exp	ectly or indirectly, any obligation that I (or any enses, or other similar expenses with the	
I am a	ware that any	y false or mislead	ing statement made to th	e tax authorities	s will constitute a legal and criminal liability.	
Paym	ent method Cash		le to Sports-Québec)	☐ Credit ca	ard	
	(For credit	card only)				
	Name on card:			Card number:		
Expiration date: Cardholder's s			Cardholder's	signature:		
	Signatur	·e:			Date:	
Please send to:		Phone: 819-4	uindon elsea, QC, J9B 1A1			

Project: P3701

QUEBEC

Registration number: 121133987 RR 0001