

Donation Form

I do not need a tax receipt.

Please issue a tax receipt to :

Name : _____

Address : _____

_____ Zip Code : _____

Telephone : _____

Email : _____

Registration number : 874698103RR0001

All the names of our donator will appear in our annual report.

I want to remain anonymous.

Please print and return this form with your contribution. Check must be made out to **André-Delambre Foundation**.



FONDATION ANDRÉ-DELAMBRE

2540, Daniel-Johnson, #755

Laval (Quebec) H7T 2S3

Telephone : (450) 978-3555

Fax : (450) 973-7576

Email : info@fondationandredelambre.com

Thank You!