



## DONATION FORM

Please complete this form in block letters

### Please choose one of the following options:

I want to sponsor the event *Les beaux 4h Fondation Martin-Matte*

I want to sponsor a team

Team name \_\_\_\_\_

I want to sponsor a participant

Participant's name \_\_\_\_\_ Team name \_\_\_\_\_

Message (optional): \_\_\_\_\_

### Donation amount

Donors will receive an official tax receipt for donations over \$20.

\$50    \$75    \$100    \$200   Other: \_\_\_\_\_

I want to be an anonymous donor

### Payment

Cash    Check (Please make checks payable to *Fondation Martin-Matte*)

Thank you for completing the following information to receive your official tax receipt.

**ALL FIELDS ARE MANDATORY.**

### Donor information as it will appear on the tax receipt

Last name \_\_\_\_\_ First name \_\_\_\_\_

Company (for corporate donations only) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

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Charitable registration number: 817495070 RR0001