



# EnBarque

## Donation Payment Form

Business Name (If any): \_\_\_\_\_

Donor *Last* Name: \_\_\_\_\_ Donor *First* Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Home: \_\_\_\_\_ Email address: \_\_\_\_\_

Event Team: \_\_\_\_\_

Pledge total \$:  \$100\$  \$75  \$50  \$25  Other: \$ \_\_\_\_\_  I wish my donation to remain anonymous

Contribution mode :

Cheque: Payable to « Fondation du Centre hospitalier de Granby »

Cash enclosed

Visa  Master Card

Credit Card Number: \_\_\_\_\_

Expiry Date (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Comments for the team (Will be visible on the Team Web page)

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for sending this form & your payment to the following address:**

Fondation du Centre hospitalier de Granby | 205, boul. Leclerc O., Granby (QC) J2G 1T7

Phone : 450 375-8030 | Fax : 450 375-8006 | info@fondationchg.org | www.defienbarque.com

