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QUEBEC FOUNDATION FOR THE BLIND

YES, I WANT TO SUPPORT SELF-SUFFICIENCY AND YOUTH ACTIVITIES

OPTION 1 MAKE A ONE-TIME DONATION	Amount of donation: $
METHOD OF PAYMENT ◯ **Cheque** (To the order of Quebec Foundation For The Blind) ◯ **Credit card** (Please provide the information below) ◯ **In cash**	

OPTION 2 MAKE A MONTHLY DONATION	Amount of donation: $
METHOD OF PAYMENT ◯ **Monthly direct debit** (Attach a cheque specimen marked "VOID") ◯ **Credit card** (Please provide the information below)	
◯ I authorize the Quebec Foundation For The Blind to withdraw the amount indicated above on the 1st of each month beginning ____ / ____ (month/year)	

OPTION 3 MAKE AN IN MEMORIAM DONATION	Amount of donation: $
This donation is made in memory of:	
◯ I would like the family of the deceased to be notified of my donation (the amount of the donation will remain confidential).	
Name of person to be notified:	
Address:	
Telephone:	Email:
Message to include on the card:	

CREDIT CARD INFORMATION		
◯ VISA ◯ Mastercard	Credit card number	Expiry date
DONOR'S CONTACT DETAILS ◯ Ms. ◯ Mr. ◯ Company Signature The Quebec Foundation For The Blind is committed not to share your information.	Name: Address: Telephone: Email:	

◯ **I would like to receive a tax receipt (for donations of $20 and up)** Charity number: 13226 9655 RR0001

◯ **I would like to receive information on testamentary bequests and planned donations**

◯ **Yes, I want to receive the newsletter by email**

◯ **I would like to become a volunteer**

Thank you for supporting the Quebec Foundation For The Blind!