



Donation Form
Thank you for your generosity

*Guideline : Print and fill out this PDF form, then send it to the Foundation
via mail to info@dumontfoundation.ca or fax to 506-862-4474.*

Last Name : _____ **First Name :** _____

Address : _____

City : _____ **Province :** _____ **Postal Code :** _____

Telephone (home): _____ **Telephone (office) :** _____

Email : _____

Donation Amount :

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$5.00 | <input type="checkbox"/> \$50.00 |
| <input type="checkbox"/> \$10.00 | <input type="checkbox"/> \$100.00 |
| <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$1000.00 |
| <input type="checkbox"/> \$25.00 | <input type="checkbox"/> Other _____ |

**Income tax receipts will be issued for gifts of \$10 or more*

Please indicate my donation to the following sector : _____

Payment Mode :

- Cheque
- Cash
- Visa
- MasterCard

Credit Card Number : _____ **Expiration Date :** _____

Signature : _____

Please add my name to the Foundation's mailing list.

**Personal information will remain confidential and will not be divulged without prior consen .*

Hospital Dr. Georges-L.-Dumont Foundation, 330, Université Avenue, Moncton, N.B., E1C 2Z3

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