

Items marked with an asterisk (*) are essential.

* **First Name:** _____ * **Last Name:** _____
* **Company:** _____
* **Address:** _____
* **City:** _____
* **Province:** _____ * **Postal Code:** _____
Telephone: _____ **E-mail:** _____

Your donation

Amount:

\$250 \$100 \$50 \$25 Other: \$ _____

Please find my cheque enclosed OR I prefer to pay by credit card.

Credit Card: VISA Master Card

Card Number: _____

Expiry Date: _____

Signature : _____

Mail this form to:

Tel-Aide
P.O. Box 205, Station H
Montreal (Quebec)
H3G 2K7

Or fax it to:
514 935-6265

Please contact us should you need more information.
Telephone: 514 935-1105

Our team and volunteers send you our heartfelt thanks.

Your receipt

An income tax receipt will be issued in your name.

Registered charity number at Canada Revenue Agency:
105164800 RR0001

Your donation to Tel-Aide is admissible to fiscal deductions.