

MAKE A DONATION THANK YOU.



Charity #: 143884443RR0001

DONATION INFORMATION

Amount of payment:

20 \$ 50 \$ 100 \$ 200 \$ 500 \$ Other, specified : _____ \$

PAYMENT TERMS

- Check (Please make it payable to the Quebec Society of Vascular Sciences)
- Credit card
- Directly online by visiting jedonneenligne.org/ssvq/

Payment(s) by credit card: Visa MasterCard

Card N° : _____

Expiration date: Month ____ Year _____

IN MEMORY OF: _____

CONTACT:

Mrs Ms Mr.

Full Name: _____

Address: _____

City: _____ Province : _____

Postal code: _____ email : _____

Phone : _____ Cell : _____

THANKFULNESS:

- I agree that my name and the amount of my contribution is disclosed.
- I accept that my name only be disclosed.
- I prefer that my contribution remains anonymous.

Signature _____ Date: _____

All donations are deductible from taxable income to the extent provided by law. Receipt sent for donations of \$ 20 or more.

Return this form to:
Société des sciences vasculaires du Québec
1851, rue Sherbrooke Est, office #801
Montréal, QC H2K 4L5

For information :
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