



Docteur Camille-Marcoux Foundation

DONATION FORM AND MEMBERSHIP

Complete the form and mail it to the following address:

Docteur Camille-Marcoux Foundation
1070, Dr. Camille-Marcoux Boulevard, P.O. Box 130
Blanc-Sablon (Québec) G0G 1W0
Telephone: 418 461-2144
Fax: 418 461-2583
Email: foundation.camille-marcoux.09bcn@ssss.gouv.qc.ca

Name of donor:	
Address:	
Town:	Province:
Postal Code:	Telephone:
E-mail:	

Amount of donation:
I wish that my donation be dedicated to: <input type="checkbox"/> Socio-health endowments (Point de service de la Basse-Côte-Nord – ex.: medical equipment) <input type="checkbox"/> Student Bursary attributions (Commission scolaire du Littoral) <input type="checkbox"/> Priorities of the Docteur Camille-Marcoux Foundation
Additional information: <input type="checkbox"/> I request an income tax receipt (\$10 or more) <input type="checkbox"/> I wish to become a member of the Doctor Camille-Marcoux Foundation (\$5 per year – from January to December)
Means of payment: <input type="checkbox"/> Cheque (to the order of Camille-Marcoux Foundation) <input type="checkbox"/> Money Order <input type="checkbox"/> Cash
Signature: _____ Date : _____

FOR EMPLOYEES ONLY
<input type="checkbox"/> Salary retention
I wish to contribute to the Docteur Camille-Marcoux Foundation the sum of \$_____ per pay, starting on _____.
With the enclosed, I authorise my employer _____ to deduct from my salary the sum as indicated in for my contribution to the Docteur Camille-Marcoux Foundation. This contribution agreement is valid for _____ month(s). I understand that I can revoke and/or modify this contribution with a simple written notice to my employer and/or to the Docteur Camille-Marcoux Foundation.