



DONATION FORM

JASON FUND • 3551 St-Charles Blvd., Suite 249, Kirkland, QC H9H 3C4
info@fondsjason.com • www.fondsjason.com

Helping Young Adults with Cancer

Mr. Ms. French English

Donor's name: _____

Address: _____

City & Postal Code: _____

Telephone: _____

E-mail Address: _____

Donation type: General In Memoriam In Honor Other (specify) _____

Name of the deceased or honored person: _____

Amount of Donation: \$100 \$75 \$50 \$25 Other (specify) _____

Payment Method: Cheque payable to: **Jason Fund** Visa Mastercard

Credit Card Number

Expiration date (MM/YY)

Name on the credit card: _____

Signature: _____

***In Memoriam or In Honor card - please send acknowledgement to:** French English

Name: _____ Mr. Ms.

Address - City -
Postal Code: _____

Do you wish to have your address communicated: Yes No

A receipt, for income tax, will be issued for all donations of \$25.00 or more. Upon request, receipts will be issued for lesser amounts.
Charitable registration number : 827061300RR0001

Thank you!