

# I will Give the Gift of Speech! Bursary Program Donation Form



(Mr/Ms/Mrs/Dr/Prof)

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_

## Payment Options

### A. Monthly Pre-Authorized Plan

\$10/month  \$20/month  \$30/month  \$40/month  Other \_\_\_\_\_

My void cheque is enclosed.  Bill my credit card monthly until I state otherwise.

I, \_\_\_\_\_, authorize Montreal Fluency Centre Foundation to debit my account for \$ \_\_\_\_\_ every month beginning \_\_\_\_\_ until I notify otherwise.

Signature \_\_\_\_\_ Date ( / / )(dd/mm/yyyy)

### B. One-Time Donation

\$50  \$100  \$250  \$500  Other \$ \_\_\_\_\_

Cheque or money order enclosed, payable to Montreal Fluency Centre Foundation.  
 Bill my credit card once.

### Credit card information

Charge my:  VISA  Mastercard  American Express

Cardholder's name: \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_ (month/year)

Cardholder Signature Date: \_\_\_\_\_

### Please fax or mail this form to:

Montreal Fluency Centre, 4626 Ste. Catherine St. W., Westmount, Quebec H3Z 1S3

**Fax:** (514) 489-9249 **Telephone:** (514) 489-4320 **Email:** info@montrealfluency.com

## Thank you for your support!

All donations are eligible for a tax receipt. Charitable Registration Number: 88448 9766 RR0001