



Montreal Fluency Centre

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Registered Charitable Number: 88448 9766 RR0001

DONATION FORM

Mr. / Ms. / Mrs. / Dr. / Prof. (Please circle one)

Name: _____

Company: _____

Address: _____

Number & Street: _____

City: _____

Province/State: _____

Postal Code: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Options

Monthly Pre-Authorized Plan

\$10/month \$20/month \$30/month \$50/month Other \$ _____

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

One-Time Donation

\$50 \$100 \$200 \$350 \$500 Other \$ _____

Gift in honour of _____

Other _____

In Memoriam of _____

I would like my donation to remain anonymous

I want my gift to support the following program(s):

Early Intervention Program

Literacy Program

Gift of Speech Bursary Programme

Stuttering Program

Greatest Needs (therapy program development, new technologies used for treatment)

Taylor Adolescent Program (TAP)

Method of Payment

Cheque: Payable to the Montreal Fluency Centre

VISA

MasterCard

Card Number: _____

Expiry Date: _____ / _____

Card Holder Name: _____

Signature: _____

I prefer to receive my correspondence in:

English

French

Thank you for your support! All donations are eligible for a tax receipt.