



## MAKE A DONATION

Please fill the fields and print the document.

### PERSONAL INFORMATION OF DONOR

Last Name : \_\_\_\_\_ Address : \_\_\_\_\_  
First Name : \_\_\_\_\_ City : \_\_\_\_\_  
Telephone : \_\_\_\_\_ Province : \_\_\_\_\_  
Email : \_\_\_\_\_ Postal Code : \_\_\_\_\_  
Country : \_\_\_\_\_

#### To be completed if applicable

In memory of : \_\_\_\_\_  
Person to contact : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

### ONE-TIME DONATION

Amount of contribution :  25\$  50\$  100\$  Other : \_\_\_\_\_ \$

### MONTHLY DONATION :

I authorize the MoCA Clinic and Institute to collect every month on my credit card a donation receipt of :  
 10\$  25\$  50\$  Other : \_\_\_\_\_ \$ (minimum 5\$)

### TERMS OF PAYMENT

Cash  
 Cheque to the order of MoCA Clinic and Institute  
 Mastercard  Visa Credit card number : \_\_\_\_\_  
Expiration date : \_\_\_\_\_  
Signature : \_\_\_\_\_

I would like a receipt (donation of more than 20\$) :  Yes  No  
I agree to have my name published on a donor's list :  Yes  No

Thank you on behalf of Dr Ziad Nasreddine and the entire team of the MoCA Clinic and Institute.

**By Mail :**  
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Greenfield Park (Québec) J4V 2J2

**By Fax :**  
(450) 672-1442

**By Email :**  
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