

# DONATION TO THE FONDATION HTAPQ

(HYPERTENSION ARTÉRIELLE PULMONAIRE – QUÉBEC)



**NOTE:**

Please print this form, fill it up (in print letters) et send it to the following address with your check included :

Fondation HTAPQ, Postal Box 341, Succ. Bureau-chef, Plessisville, QC, G6L 2Y8

I wish to make a donation to Fondation HTAPQ

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NU.:

E-MAIL:

MOBILE PHONE NU.:

Check this box if this is an *In Memoriam donation and complete the information below:*

**First and last name of the person deceased:**

FIRST NAME:

LAST NAME:

**Person to inform of this donation:**

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

I wish to receive a receipt for charitable donation (for donations of 10,00 \$ and more) #85702

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Date*

The Fondation HTAPQ is greatfull for your donation.