



Donate to the AQDMD

Contact information of the person or organization

Ms.	Mrs.	Mr.			
		Firs	t Name:		
OR					
Name of orgar	nization:				
Address:					
	City	Province	Postal code	Country	
Email:					
Phone:					
i none.					
Donation amo	unt:	\$			
Total amount	of the cheque: s	\$			
Please remem	ber to include a	cheque with y	our form and ma	ail it to the following addre	ess:
	AQDMD				
	102-1490 Cher	min de Chambl	у		
	Longueuil (QC)) J4J 3X3			

Please note that donations made to the AQDMD are not yet eligible for tax deductions.

Thank you for your generosity.