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Donate to the AQDMD

Contact information of the person or organization					
Ms.	Mrs.	Mr.			
Last name:		First Name:			
OR					
Name of orga	nization:				
Address:					
	City	Province	Postal code	Country	
Email:					
Phone:					
Donation amount:		\$			
Total amount	of the cheque:	\$			

Please remember to include a cheque with your form and mail it to the following address:

AQDMD CP 5672 BP Bureau Chef Sainte-Julie (QC) J3E 1X6

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

Thank you for your generosity.