

Donation Form

In support of Vanguard School, a specialized school for children with severe learning disabilities.

Type of Donation: Personal Corporate

Type of Transaction: One-time Donation Monthly Donation *

20 \$ 50 \$ 100 \$ other amount : _____ \$

Method of Payment: Cheque Visa MasterCard

Payable to the order of the Vanguard Development Fund at the address below.

Donor Information:

First Name: _____ Last Name: _____

Address: _____
 (No) (Street) (Apt n°) (City) (Province) (Postal code)

Telephone (home): _____ Telephone (work): _____

E-Mail Address: _____

Are you: Parent of a child currently attending Vanguard School? If so, please indicate your child's name: _____

Former parent Former Vanguard Student

I wish to receive an income tax receipt Yes No

Information for donation by credit card:

Cardholder Name: _____ Signature: _____

Card Number: _____ Expiry: _____
 (Month) (Year)

Address: _____
 (No) (Street) (Apt n°) (City) (Province) (Postal code)

***To be completed for monthly donations only:**

Frequency _____ Starting date _____

The Vanguard Foundation is also legally known as The Vanguard Development Fund. Registration number: 119001444RR001

Thank you for your generosity!

Florence M Arseneault, Administration/Finance, Vanguard Development Fund

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