





# Docteur Camille-Marcoux Foundation

## **DONATION FORM AND MEMBERSHIP**

**Complete the form and mail it to the following address:**

Docteur Camille-Marcoux Foundation  
1070, Dr. Camille-Marcoux Boulevard, P.O. Box 130  
Blanc-Sablon (Québec) G0G 1W0  
Telephone: 418 461-2144  
Fax: 418 461-2731  
Email: [fondation.camille-marcoux.09bcn@ssss.gouv.qc.ca](mailto:fondation.camille-marcoux.09bcn@ssss.gouv.qc.ca)

|                       |            |
|-----------------------|------------|
| <b>Name of donor:</b> |            |
| Address:              |            |
| Town:                 | Province:  |
| Postal Code:          | Telephone: |
| E-mail:               |            |

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| <b>Amount of donation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>I wish that my donation be dedicated to:</b></p> <p><input type="checkbox"/> Socio-health endowments (Lower North Shore facility – ex.: medical equipment)</p> <p><input type="checkbox"/> Student Bursary attributions (Commission scolaire du Littoral)</p> <p><input type="checkbox"/> Priorities of the Docteur Camille-Marcoux Foundation</p> <p><b>Additional information:</b></p> <p><input type="checkbox"/> I request an income tax receipt (\$10 or more)</p> <p><input type="checkbox"/> I wish to become a member of the Doctor Camille-Marcoux Foundation (\$5 per year – from January to December)</p> <p><b>Means of payment:</b></p> <p><input type="checkbox"/> Cheque (to the order of Camille-Marcoux Foundation)      <input type="checkbox"/> Money Order      <input type="checkbox"/> Cash</p> <p>Signature: _____      Date : _____</p> |

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| <p><b><u>FOR EMPLOYEES ONLY</u></b></p> <p><input type="checkbox"/> <b>Salary retention</b></p> <p>I wish to contribute to the Docteur Camille-Marcoux Foundation the sum of \$_____ per pay, starting on _____.</p> <p>With the enclosed, I authorise my employer _____ to deduct from my salary the sum as indicated in for my contribution to the Docteur Camille-Marcoux Foundation. This contribution agreement is valid for _____ month(s). I understand that I can revoke and/or modify this contribution with a simple written notice to my employer and/or to the Docteur Camille-Marcoux Foundation.</p> |
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