

CONTRIBUTION FORM

DONATIONS

- I make a donation of \$ _____ to support cancer research.
- I commit to donate \$ _____ per month for _____ months,
for a total donation of \$ _____.
- I commit to donate \$ _____ per year for _____ years,
for a total donation of \$ _____.

SPONSORSHIPS

- Gold Sponsorship - \$10,000
- Silver Sponsorship - \$5,000
- Bronze Sponsorship - \$2,500

Organization :			
Name :			
	<input type="radio"/> Ms	<input type="radio"/> Mr	Title :
Address :			Postal code :
Phone number :		Email	

METHOD OF PAYMENT

Check, to be mailed by post, at the order of **Université de Montréal - IRIC** : _____ \$

Bank transfer MasterCard VISA AMEX the amount of : _____ \$

Card number : _____ Expiry date : _____ CVC : _____

Signature : _____ Date : _____

Please indicate if it is: a corporate contribution or a personal contribution

Contact person for more details: _____

Phone # : _____ Email : _____

I would like more information on how to support IRIC

The profits generated by this event will be donated to the General Fund, a general subscription fund supporting IRIC's priorities. If applicable and according to the laws in force, tax receipts will be issued by the Université de Montréal in the name appearing on the credit card or on the check. If the donor is not the issuer of the check or the holder of the credit card, please inform IRIC in writing.

Prière de retourner ce formulaire à l'adresse courriel suivante: steve.ntambwe@umontreal.ca