



AYLMER HEALTH COOP



LA FONDATION DES SERVICES DE SANTÉ D'AYLMER

DONATION FORM

Donations received by the AHC will be applied to the Coop's various projects (building improvements, purchase of medical equipment, implementation of various community programs, and so on).

Identification (a tax receipt will be issued in the name of the donator and will be mailed to the address given below.)

Name: _____ Coop Membership No.: _____

Mailing Address: _____

City _____ Postal Code _____ Tel _____

E-mail address: _____ @ _____

Donation Amount: \$ _____ *(Tax receipts will be issued for amounts of \$20 and up.)*

Cash: \$ _____ Cheque: \$ _____ *(preferred)*

Or _____ cheque(s) each one in the amount of \$ _____

General Donation _____ *(check)* or for the following project:

_____ *(your signature)* _____ *(date)*

Write cheques to the order of **La Fondation des Services de Santé d'Aylmer**. In the *Memo* section on your cheque, write **Aylmer Health Coop**.

The FSSA will mail you a tax receipt in January of the next fiscal year.

Hand in the completed form at the Coop's reception desk or mail it to the following address:

Fondation FSSA
% AYLMEr HEALTH COOP
67 du Couvent Street
Gatineau, Quebec J9H 6A2