

ONE-TIME GIFT FORM

1- Donor information

Mrs. Ms. Mr.

First name: _____ Family name: _____

Address: _____ Apartment: _____

City: _____ Province: _____ Postal code: _____

Telephone (daytime): _____ Telephone (evening): _____

Email: _____

- I would like to receive the *À la une!* monthly newsletter (in French only).
- In order to recruit new benefactors, the Literacy Foundation occasionally exchanges its donor list with other recognized non-profit organizations. If you want your name to remain confidential, please check this box.

2- Amount of donation

\$100

\$50

\$75

\$30

I prefer to give: \$ _____

I want to earmark my donation :

to *The Gift of Reading*®, which helps children

to the *Info-Alpha* referral line, which helps adults

A tax receipt is automatically issued for any donation of \$20 or more.

I would like a tax receipt for my donation of less than \$20.

3- Method of payment

Cheque payable to the Literacy Foundation

Credit card

Visa MasterCard

Cardholder's name: _____

Card No.: _____

Expiration date: _____

Signature*: _____

** I hereby authorize the Literacy Foundation to debit my credit card in the amount of my contribution.*

Mail this duly completed form, with your cheque, where applicable, to:

Literacy Foundation
5420 Saint-Laurent Blvd, Suite 200
Montreal, Quebec H2T 1S1