

# DÉFI CRCHUM

2017 #DefiCRCHUM

## Donnez pour trouver



### Yes I want to support research at the CRCHUM!

To make a donation, complete the following form

Ms.                       Mr.                                       I work at the CRCHUM, the CHUM or its foundation

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First name: \_\_\_\_\_

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Last name: \_\_\_\_\_

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Company name (if applicable): \_\_\_\_\_

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Street address: \_\_\_\_\_

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City: \_\_\_\_\_ Province: \_\_\_\_\_

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Postal code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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E-mail: \_\_\_\_\_

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I would like to give:       \$25       \$50       \$100       \$200      I prefer to give: \$ \_\_\_\_\_

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Name of the person or team you are supporting: \_\_\_\_\_

**If you wish to receive an official receipt, please make sure you complete all the personal information required above.**

**METHOD OF PAYMENT:**

Visa                                       MasterCard

Cheque\*

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\*Please make cheque payable to Fondation du CHUM and specify: **Défi CRCHUM**

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Name of credit card holder: \_\_\_\_\_

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Credit card number: | | | | | | | | | | | | | | | | | | | | | |

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Expiry date: | | | | | |

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Credit card holder signature: \_\_\_\_\_

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I authorize the Fondation du CHUM to charge the amount specified above to my credit card.

**Please return this form with your payment to:**  
Mireille Chalifour  
Centre de Recherche du CHUM, Pavillon R  
R05.414 - 900, Saint-Denis Street  
Montreal, Quebec, H2X 0A9

*Thank you for your support!*

