

# Yes ! I would like to contribute to Francofonds

Name \_\_\_\_\_

Address : \_\_\_\_\_

City/Town: \_\_\_\_\_ Province : \_\_\_\_\_

Postal Code : \_\_\_\_\_ Telephone : \_\_\_\_\_

**My donation :** Amount : \_\_\_\_\_ \$

Chèque (Please make chèque payable to Francofonds)

Autochèque – monthly, bi-annually or annually (Please include voided chèque)

Visa       MasterCard

Card number : \_\_\_\_\_ expiry date : \_\_\_\_\_

Signature : \_\_\_\_\_

- Note :**
- 1) Francofonds collaborates with the Centre culturel franco-manitobain for credit card transactions.
  - 2) Automatic bank account donations are withdrawn the 15<sup>th</sup> day of every month.
  - 3) In accordance with the protection of personal information law, Francofonds wishes to advise you that all information will remain confidential and used only for the Foundation's administrative purposes until further notification.
  - 4) An official receipt will be issued for donations of 20 \$ or more.

**Name of fund** to which I would like to designate my donation: \_\_\_\_\_

(See complete list of funds at [www.francofonds.org](http://www.francofonds.org), "Pour faire un don")

If no fund is indicated, donation will be attributed to Francofonds' general fund.

As required by Revenue Canada, your signature is needed to demonstrate your agreement to the following statement:

*All my donations must be held in trust by Francofonds for a period of at least ten years and only the interest generated from these donations may be distributed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Charity number : 11893 0502 RR0001

\* I authorize Francofonds to publish my name on its list of donators (no other information shall be made public):  yes  no

## Thank you ! Merci!



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Winnipeg MB R2H 2R1  
237-5852 ou 1-866-237-5852 – [www.francofonds.org](http://www.francofonds.org)

Registered charity number : 11893 0502 RR0001