



BUILDING

A BRIGHTER FUTURE

DONATION PLEDGE FORM



INFORMATION ABOUT THE DONOR

First Name: _____

Last Name: _____

Name of the organization: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

Telephone: _____

RECOGNITION

Please use the following name(s) in publications and other recognition opportunities. :

I want my name and the amount of my donation to remain confidential.

Please return this completed form, by mail at the address shown below or by email at

fondation@jeunesseausoleil.com

All donations are eligible for a tax-receipt. Charitable registration number:

11920 6290 RR0001

**Sun Youth Organization
Jeunesse au Soleil**

6700, avenue du Parc, suite 100,
Montréal, Québec, H2V 4H9

www.sunyouth.org

INFORMATION ABOUT THE GIFT

Total amount: \$ _____

paid in _____ annual payment(s) of \$ _____
(5 years maximum)

Payment method: Cheque Visa MC

Expiration date: _____ / _____

Credit card number:

Name on the credit card:

Signature:

Date: _____

**THANK YOU FOR
YOUR GENEROSITY!**