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Date: _____

I am pleased to support the Douglas with a donation to the Douglas Institute Foundation.

I donate \$_____ to the Douglas.

Enclosed my cheque made out to the Douglas Institute Foundation.

Please charge my credit card: VISA MasterCard AMEX

Card number: _____

Name of cardholder: _____ Expiry date: _____

My donation is for:

- The Douglas' greatest needs
- Research:
 - Aging & Alzheimer's
 - Improving population health
 - Schizophrenia & Neuro-developmental disorders
 - Mood, anxiety, impulsivity-related disorders
- Project or unit: _____

This is a joint gift. Spouse/partner name: _____

I give my permission to make this donation public. **or** This donation is anonymous.

My company/employer has or may have a matching gift program.

Signature: _____

First name: _____

Last name: _____

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I would prefer if you would contact me at home at the office.

The Foundation has a privacy policy on the treatment of personal information that applies to all staff and volunteers.