

info@gaihst.qc.ca

## Form - Donation by check

		Date
Information		
Full name :		
Email:		
Phone Number :		
Complete Address :		
Donation amount :		
	Do you need a charity recei	ipt?
Yes (Only	y available for donations of \$25 or mo	re) No

Don't forget to print this form and send it to us with your check.