

A donation to **LigneParents**

By donating to LigneParents, you're making a concrete gesture that brings hope to all the parents who benefit from our 24/7 services.

Please select: Personal donation Corporate donation

CONTACT INFORMATION

First and last name _____

Title _____

Enterprise _____

Address _____

City _____ Province _____

Postal code _____

Telephone _____ Fax _____

Referred to **LigneParents** by:

Name _____ Enterprise _____

PAYMENT METHOD

I'd like to donate _____ to **LigneParents**.

<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card number :		
Expiration date : Signature : _____		

Would you like a receipt for tax purposes? (20\$ donation and up) Yes No
If so, a receipt will be sent to you to the address given above.

All the information collected above is protected by **LigneParents'** confidentiality policy and will be used for administrative purposes only.

LigneParents thanks you for your support.