

Donation Form

ENTER TOTAL DONATION AMOUNT	
\$ <input type="text"/>	CDN\$ to Friends of Alexander von Humboldt School Charitable Business No. 11893 3076 RR0001
I WISH TO SUPPORT	
<input type="checkbox"/> The School's Greatest Needs	<input type="checkbox"/> Fund events such as the Oktoberfest
<input type="checkbox"/> Fund athletic activities	<input type="checkbox"/> The Scholarship Fund
PERSONAL INFORMATION	
The Canadian Revenue Agency requires that donation receipts bear name and address of donor. Your receipt for tax purposes will be mailed latest in January of the following year.	
First Name: <input type="text"/>	Last Name: <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F
Street Address: <input type="text"/>	
City <input type="text"/>	Province / State: <input type="text"/>
Country: <input type="text"/>	Postal Code / Zip: <input type="text"/>
Tel.: <input type="text"/>	Email: <input type="text"/>
Notes: <input type="text"/> <input type="text"/>	
PLEASE MAIL PAYMENT TO	
Friends of AvH 216, rue Victoria Baie-D'Urfé (Québec) H9X 2H9 Canada	For further information, please contact: T. +1 (514) 457-2886 ext. 227 Email: avhfriends@avh.montreal.qc.ca

Signature : _____ Date :