

MEMBERSHIP | DONATION | VOLUNTEER

- THANK YOU FOR YOUR SUPPORT -



#103 - 640 Lakeshore
Dorval, QC H9S 2B6

Charitable registration #:
890558893 RR0001

INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Telephone: _____ Email address: _____

Preferred language: English French Any

Preferred contact method: Phone Email Any

How did you hear about AWISH? _____

MEMBERSHIP (Membership fees are not tax deductible) Type: New Renewal

Cost: Single \$25/year Family* \$30/year *2nd name: _____

DONATION (Tax receipts available)

In memoriam tributes, legacy donations, service, product & item donations are also gratefully accepted!

Donation amount: _____ One time Monthly Yearly

PAYMENT OPTIONS (for membership & donations)

1. **e-Transfer** (automatic deposit): send to arthritis@awishmontreal.org

2. **Cheque**: Payable to Arthritis West Island

3. **Cash**: Contact office prior to arrival

4. **PayPal**: send to arthritis@awishmontreal.org

5. **CanadaHelps** (for donations only): www.awishmontreal.org – click DONATE NOW

VOLUNTEER

I am interested in volunteering & would like to find out more about the ways I can help.

OFFICE USE ONLY - Date form received (membership renewal date): _____

Notes: _____

514-631-3288 | arthritis@awishmontreal.org | www.awishmontreal.org

