



"Angels Smile When you Help a Child"

You can have a significant impact on a child's life with a financial contribution:

☐ \$200 ☐ \$100 ☐ \$50 ☐ Other: _____

Method of payment:

☐ Master Card ☐ Visa ☐ Cheque

Card #: _____

Expiry Date: _____

Signature: _____

Cheques can be mailed to:

The Sabrina & Camillo D'Alesio Foundation
303B Brighton Drive, Beaconsfield, Quebec, H9W 2L9

The Foundation issues receipts for all donations of \$20 or more:

- ☐ I require a receipt for income tax
- ☐ I do not require an income tax receipt

Please issue a tax receipt in the name of:

Address: _____

City: _____ Postal Code: _____

Province: _____ Telephone: _____

Email: _____

Registration number: 871105300RR0001

Aider un enfant fait sourire les anges ★ Angels Smile When you Help a Child

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