

DONATION FORM

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DONOR INFORMATION:

First Name: _____ Last Name: _____

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Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____ E-Mail: _____

\$500

\$1000

Other amount

I request a Tax Receipt

Please send me information about the Talent Fund activities.

PAYMENT PROCEDURE:

I have enclosed a **cheque** payable to **The Talent Fund.**

Please send your cheque to:

**Talent Fund
Telefilm Canada
360, St-Jacques Street – Suite 600
Montréal (Quebec)
H2Y 1P5**

I wish to pay by **credit card**

- Visa
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Amount: _____

Name on Card: _____

Card Number: _____

Expiry date: ___(mm)___ (yy) CVD _____

To pay online please visit thetalentfund.ca

INVESTING IN EMERGING TALENT WWW.THETALENTFUND.CA

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