

## Want to help us change the world? Support Équiterre with a donation!

Phone Home  Email  Language of corresponde  French English	ence	obile	Mrs.  Mr.  Last name	from the mailing First name	g adress written to	e on behalf of a compagn Apt.  Postal code
Yes, I would like	e to become o	n membe	r of Équite	errel		
withdraw the following charge it to my credit (give or take a day)	L Ist of	quiterre to account or every month	50 \$ 79	5 \$	ner amount :	\$ (min. 8\$) \$ (min. 10\$)
Équiterre at least 15 days bef				,		
I prefer to make a one	time donation of:		□ 50 \$ □ 7	5 \$ 100 \$ Oth	ner amount :	\$ (min. 10\$)
Method of payment	☐ Visa ☐ Mastercard ☐ Cheque payable	Credit card to Équiterre (for c		ual bank withdrawc	Expir als, please include VC	ration date (MM/YY)
Date			Signat	ture required		
Once you have completed the form, please send it to: Équiterre Maison du développement durable 50, Sainte-Catherine St. W., suite 340 Montréal (Québec) H2X 3V4 For more information: 514-522-2000 or toll free: 1-877 272-6656			Yes! I agree to receive newsletters and information from Équiterre as well as invitations to participate in its activities. I understand that I can unsubscribe at any time.  Thank you for your support!			

Charitable Registration Number: 894057132RR0001 A tax receipt will be sent for any donation of \$25 or more.