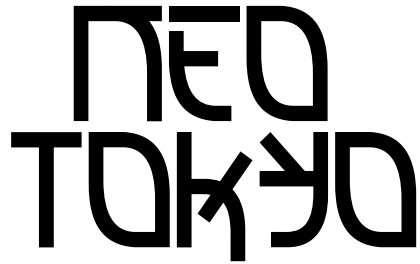


**IN-KIND  
DONATION  
FORM**



.....

Name of donor or company name

Name to be indicated on the tax receipt

Address

City

Postal Code

Phone Number

Email

Solicited by (if applicable)

**Consent to collect personal information**

I consent to the collection, use, and disclosure of my personal information collected through this form in accordance with the terms described in the Lise Watier Foundation's [Privacy policy](#) of the Lise Watier Foundation for collection purposes.

.....

**Donation of goods or services**

Name of the good or service offered: \_\_\_\_\_

Market value of the good or service: \$ \_\_\_\_\_

Description of the good or service offered:

.....

Upon presentation of this completed form, a tax receipt will be issued to you for the market value of the good or service offered.

**Please send the completed form to the Lise Watier Foundation**

info@fondationlisewatier.com • T: 514 507-6881

2170 René-Lévesque Blvd West, Suite 201, Montreal, Quebec H3H 2T8

**THANK YOU FOR YOUR SUPPORT!**