

**Alternatives' Solidarity Fund  
Monthly donation**



**Yes, I know that another world is possible and I want to support Alternatives' work by joining the Alternatives' Solidarity Fund!**

Mrs.  Mr.  Ms.

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I authorize a monthly withdraw of :

10\$/month  13\$/month  15\$/month  Other : \_\_\_\_\_ \$

I enclose my blank cheque marked VOID

I prefer to give by credit card :

Visa  Mastercard  American Express

Card number : \_\_\_\_\_

Expiry date : \_\_\_\_\_

Cardholder name : \_\_\_\_\_

Signature : \_\_\_\_\_

*I can change or cancel my membership to the Alternatives' Solidarity Fund at any time by contacting Alternatives*

*I'll receive my tax receipt at the beginning of the next year*

My monthly gift will be withdrawn on the 15th of each month, beginning in the month of : \_\_\_\_\_

**Many thanks for your solidarity!**

Please send this donation form to :

**Alternatives**

National office : 300 - 3720, Park Avenue, Montreal, (Quebec) H2X 2J1. Toll free 1-800-982-6646

Fax : (514) 982-6122. E-mail : [dons@alternatives.ca](mailto:dons@alternatives.ca). Site Web : [www.alternatives.ca](http://www.alternatives.ca)