

Please complete the following form and return it to: LINCCO, 630 Sherbrooke Street West, suite 400, Montreal (QC) H3A 1E4

THANK YOU

I would like to make a monthly donation of \$ _____

I would like to make a one-time donation of \$ _____

I would like my donation to go to:

- Lincco unrestricted
- Project in Democratic Republic of Congo
- Project in Ivory Coast
- Project in the Philippines
- Other Lincco project

Automatic monthly payments
(Please include a blank cheque marked 'VOID')

- Cheque made out to: Lincco
- Credit Card Visa Mastercard

Name of the cardholder: _____

Card number: _____

CVV number: _____ Expiration date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Signature :