

Sjögren's Syndrome Association Inc.

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By making a donation to our organization, you are helping people with Sjögren's syndrome and their loved ones while supporting our mission. All donations received by the Association are used to develop and offer more services and to encourage research.

To accomplish its mission, the Association has four main objectives:

- to reach the greatest number of people with Sjogren's syndrome;
- to make available as much information about the syndrome as possible;
- to provide support and comfort to people with Sjögren's syndrome and their families in order to limit the negative effects of the disease on their daily lives;
- to raise funds to develop and offer more services to people with Sjögren's syndrome and their loved ones, and to encourage research.

I WISH TO SUPPORT THE ASSOCIATION WITH A DONATION

Please complete this form and send it with your payment by Interac transfer or by cheque to the above address.

First name:	Last name :						
Address:					Phone:		
City:		Province:			Postal Code:		
Email:							
	I have Sjogren's syndrome						
	I am a parent or friend of a person with SS						
	I am sympathetic to the cause			se			
	I wish to s	support tl	ne Associa	ation by m	naking a d	lonation :	
	\$15 □	\$25 □	\$50 □	\$75 □	\$100 □	or other	\$
Officia	al receipt for donation	ns no. 8905	9 3734 RRO	001. Membe	ership fees a	re not tax deductible.	
Signature:					Date:		