

In Memoriam Donation

First Name: _____ Last Name: _____
Company: _____
Address: _____
City: _____
Province: _____ Postal Code: _____
Phone: _____ Email: _____

Your donation

In memoriam of: _____
From: _____
Details of the person you wish us to inform:
First and Last name: _____
Address: _____
City, Province, Postal Code: _____

Amount:

250 \$ 100 \$ 50 \$ 25 \$ Other: _____ \$
 You will find my check attached OR I prefer to pay with my credit card
Credit Card: VISA Master Card American Express
Card Number: _____
Expiration Date: MM / YY CVV*: _____

Signature: _____

You can also do a secured donation online via CanadaHelps, at the following address:
<https://www.canadahelps.org/en/charities/tel-aide-montreal/>

For any information, feel free to contact us: 514 935-1105 ext. 0

I prefer to receive the tax receipt by email
 by mail