

50 years...still listening



In Memoriam Donation

First Name:	Last Name:		
Company:			
Address:			
City:			
Province:		Postal Code	e:
Phone:		Email:	
Your donation			
In memoriam of:			
From:			
Details of the person yo	u wish us to info	orm:	
First and Last name:			
Address:			
City, Province, Postal Co	ode:		
Amount: □ 250 \$ □ 100 \$	□ 50 \$	□ 25 \$	□ Other: <u>\$</u>
☐ You will find my checl	< attached	OR	☐ I prefer to pay with my credit card
Credit Card:	ISA □ N	Master Card	☐ American Express
Card Number:			
Expiration Date:	MM / YY	CVV*:	
Signature:			
You can also do a secure https://www.canadahelp			Helps, at <u>the following address:</u> ontreal/
For any information, fee	I free to contact	t us: 514 935-	1105 ext. 0
I prefer to receive the to	ax receipt	by email by mail	

P.O. Box 205, Station H, Montreal, QC, H3G 2K7 Administration 514-935-1105 | Listening service 514-935-1101 www.telaide.montreal.org | info@telaide.org Canada Revenue Agency Registered Charity number 10516 4800 RR0001

