Please print and fulfill manually the form

I want to keep the memory of a loved one alive by supporting the Hôpital Maisonneuve-Rosemont Foundation

Name _____

Address _____ Apt. _____

City _____ Province _____

Postal code _____ Telephone _____

Email _____

This donation has been made in memory of:

Last name _____

First name _____

A letter regarding my donation will be sent to:

Name _____

Address _____ Apt. _____

City _____ Province _____

Postal code _____ Telephone _____

Email _____

Here is my donation of: ◯ $25 ◯ $50 ◯ $75 ◯ $100 or $_____

◯ I am enclosing a cheque made out to the **HMR Foundation.**

◯ I prefer making a credit card donation: ◯ VISA ◯ MasterCard

Card number _____ Expiry date _____

Cardholder _____ Signature _____

◯ Merci de correspondre avec moi en français.

◯ I would like information on planned gifts.

◯ I do not wish to have my name published as a donor.

On-line donation:
www.fondationhmr.ca

The HMR Foundation is committed to keeping all donor information confidential. Our donor list is never rented out or sold to other organizations.

A tax receipt is issued for any donation of $15 or more.

Registered charity number: 107391757RR0001

Thank you!

HMR Fondation de l'Hôpital Maisonneuve-Rosemont
FondationHMR.ca

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