

Include this coupon with
your donation

My special someone

Yes, this person went
Beyond Care for me!

Full name* (first and last name)
(IN UPPER CASE, PLEASE)

His or her department and floor at the HMR
(IN UPPER CASE, PLEASE)

Here, in a few words, is why
my **special someone**
deserves to be honoured.

My name is:

Full name (first and last name)
(IN UPPER CASE, PLEASE)

* As the HMR has approximately 5,500 employees, please help us identify your special person by specifying his or her first and last name and the floor where he or she works.

Yes, I want to honour those who make a difference!



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:  

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

5345 de l'Assomption Boulevard, Suite 270, Montreal, Quebec H1T 4B3
Telephone: 514 252-3435

Please print and fulfill manually the form