

CORPORATE DONATION



Thank you for helping us combat heart disease and save more lives. Your donation make a difference. Please print the form and complete the fields below. Mandatory fields are identified with an asterisk(*).

*** I want to make a donation of:**

- \$5,000 \$1,000 \$500
 \$250 \$100 Other \$ _____

DONOR

*** Is this your first donation to the Montreal Heart Institute Foundation?** Yes No

Company's Name: _____

Mr. Mrs.

* Executive's Last Name: _____ * Executive's First Name: _____

* Title: _____

* Address of the company: _____

* City: _____ * Province: _____

* Postal Code: _____ * Country: _____

Telephone : _____ † E-mail: _____

* METHOD OF PAYMENT

Cheque Money Order Payable to : Montreal Heart Institute Foundation

Credit card: Visa Mastercard AMEX

_____|_____|_____|_____|_____| _____ _____ _____ _____ _____ /20
* Credit Card Number * Expiry Date

Signature: _____

You can make a donation:

- **In person or by mail:** 5000 Bélanger Street, Montréal, Québec H1T 1C8
- **By fax:** 514.376-5400

Need help? Contact us at 514.593.2525 or toll free 1.877.518.2525

A tax receipt will be issued for donation of \$20 or more. (Registration number : 10183 7896 RR0001).

Should you wish to receive a receipt for the total amount of your yearly donation, check here

† If you do not wish to receive information by e-mail, check here