IN MEMORIAM DONATION

MONTREAL HEART INSTITUTE FOUNDATION

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**: $_____ *** I memory of**: _____
(Name of deceased person)

DONOR

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

☐ Mr. ☐ Mrs.

***** Last Name: _____ * First Name: _____

***** Address: _____

* City: _____ * Province: _____

* Postal Code: _____ * Country: _____

Telephone : _____ † E-mail: _____

DECEASE'S FAMILY

☐ **The family has already been advised of my donation** ☐ **Please advise the family of my donation**

Person to notify:
☐ Mr. ☐ Mrs.

***** Last Name: _____ * First Name: _____

***** Address: _____

* City: _____ * Province: _____

* Postal Code: _____ * Country: _____

* 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 ☐