MONTHLY DONATION

MONTREAL HEART INSTITUTE FOUNDATION

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

DONOR

* **Is this the first time that your are making a donation to the Foundation** ☐ **Yes** ☐ **No**

☐ Mr. ☐ Mrs.

* Last Name: * First Name:

* Address:

* City: * Province:

* Postal Code: * Country:

Telephone: E-mail†:

* METHOD OF PAYMENT

MONTHLY GIFTS ARE EASY AND PRACTICAL!

I authorize the Montreal Heart Institute Foundation to withdraw the following amount on the _____ of every month:
(choose a date)

☐ **$50** ☐ **$30** ☐ **$20**

☐ **$15** ☐ **$10** ☐ **Other** $_____

☐ **From my bank account†† (cheque marked *specimen* attached)**

☐ **From my credit card††:** ○ Visa ○ Mastercard ○ AMEX

|_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| _____/20 _____

* Credit Card Number * Expiry Date

Signature _____

Become a member of the Dr. Paul David Society by donating $250 or more annually.

Please print, complete and send this form; if necessary, include a cheque marked *specimen*:

- **By mail: 5000, Bélanger Street, Montreal, Quebec, H1T 1C8**
- **By fax: (514) 376-5400**

Do you have questions? Please phone (514) 593-2525.

A tax receipt will be issued in December for the total amount of your yearly donations.
Registration number: 10183 7896 RR0001

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

†† Minimum contribution of $5 per month.

I-DM