SINGLE 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**:

☐ $500 ☐ $250 ☐ $100
☐ $75 ☐ $50 ☐ $25
☐ Other $_____

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

DONOR

*** Is this the first time that you 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

☐ 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 ☐