I wish to make a donation in the memory of

_____

Name of the deceased person (Please write in block letters)

Name _____
First Name _____
Street Nº _____
Apartment _____
City _____
Province _____ Country _____
Postal Code_____
Telephone (___)_____
Email _____

☐ Please send a condolences card to the family of the deceased, informing them of my commemorative gift, with no mention of the amount given.

Send condolences to :

Name _____
First Name _____
Street Nº _____
Apartment _____
City _____
Province _____ Country _____
Postal Code_____

If you don't know the postal address, write the name and location of the funeral home.

- **I wish to donate this amount:**

  ☐25 $ ☐50 $ ☐75$ ☐100$

  ☐_____$

Income Tax receipt : ☐oui ☐non
Registration Nº: 107802753RR000

☐Visa ☐MasterCard ☐American Express

Card Number :

_____

Expiry Date : ____ /_____

Signature : _____