

IN MEMORIAM DONATION FORM

PERSONAL INFORMATION (*REQUIRED FILES)

NAME:

ADRESSE :

ZIP CODE :

PHONE/MOBILE NUMBER :

E-MAIL :

DONATION IN MEMORY OF:

HERE IS MY DONATION :

25\$

50\$

75\$

100\$

150\$

OTHER :



METHODS OF PAYMENT :

1 . By credit card



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Credit card number

Exp.:

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SIGNATURE : _____

Cheque : Herewith I wish to receive a tax receipt (receipt from 25\$ and up)

2. By cheque, payable to : "La Maison des greffés Lina Cyr" to the following address :

1989 Sherbrooke Street East, Montreal, (Quebec) H2K 1B8

3. Online payment at the following internet address: <https://maisondesgreffes.com/>

4. By phone at 514-527-8661