



## IN MEMORIAM DONATION



### IN MEMORY OF

### DONOR INFORMATION

First Name

Last Name

Address

City

Province

Postal Code

Email

Phone

### INFORMATION OF THE PERSON TO OFFER CONDOLENCES

First Name

Last Name

Address

Apt.

City

Province

Postal Code

I would like a receipt for income tax purposes

### PAYMENT

I would like to donate

\$25

\$100

\$200

Other amount  
Héritage

Make the payment to: Les Centres d'Accueil

VISA

MASTERCARD

AMEX

Card No

Expiry Date /

Name on the Card

Date