



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