



DONATION FORM

Date: ____ / ____ / ____
YY MM DD

Donation type: General In Memoriam In Honour Other / (specify): _____

SINGLE DONATION	MONTHLY DONATION
Single donation amount: <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 <input type="checkbox"/> Other \$ _____ <i style="text-align: right;">Specify</i>	Monthly donation amount: <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$ _____ <i style="text-align: right;">Specify</i>
Payment method: <i>To reduce our administrative costs as much as possible, we propose writing a cheque from your banking account instead of charging the amount to your credit card. This way, we would not have to pay fees to financial institutions.</i>	
<input type="checkbox"/> I have enclosed a cheque made to Chez Doris <input type="checkbox"/> I have enclosed cash	<input type="checkbox"/> Please charge to my credit card <input type="checkbox"/> I authorize Chez Doris to charge the amount specified above to my credit card on the 15 th day of each month.

Credit card Information

VISA MasterCard American Express

Name on the card: _____

Card number: _____

Expiry date: ____ / ____ (YY/MM)

Signature: _____

Information for the In Memoriam or In Honour Acknowledgement

Language of the letter: French English

Name of recipient: _____

Address of recipient: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

From (as an individual or as a group): _____

Please write the text you would like to appear in the letter (optional):

The donor's address to appear in the letter *: Yes No
* so the family can thank you.

Name of the deceased or honoured person:

Donor information for tax receipt

French English / Mr. Mrs. Ms.

First name: _____ Last name: _____

Company name: _____

(If any)

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone*: _____

Email: _____

* To contact the donor in case of a problem with the credit card.

For a group donation, we need the name and address of all donors to issue personal receipts.

All donations of \$25 or more will be automatically issued a tax receipt; others are on request.

Charitable Registration No.: 1018356841RR001

Send this form by mail or fax to:

Chez Doris
1430 Chomedey Street
Montréal, Québec H3H 2A7
Fax : 514-937-2417

Tel. : 514-937-2341 ext. 229

www.chezdoris.org