



## In Memoriam Donation Form

### Step 1: Donor Information

Salutation:  Mr.  Mrs.  Ms.  Dr. Language:  English  French

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Step 2: Payment Information

Visa  MasterCard  Cheque Donation of: \$ \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_  
(MM / YY)

For Tribute Donations: In Memory In Honour of: \_\_\_\_\_

A letter of acknowledgement will be sent from NOVA Montréal. Please provide the name and address of the person/family you wish to notify. (optional)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Message : \_\_\_\_\_

Language of Correspondence:  English  French

Please return this reply to: NOVA Montréal Fax (514) 866-4902  
310 Victoria, Suite 403  
Westmount QC H3Z 2M9

Signature : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(MM / DD / YY)

Thank you for your generosity!  
Income Tax receipts are provided for donations over \$20.