

DONATION FORM IN MEMORY OR IN HONOR

Every donation, no matter what the amount, is very important for the Lighthouse Children and Families because most of our services provided to seriously sick children and their families depend on generous support from our donors.



I wish to make a donation in memory of : _____

I wish to make a donation in honor of : _____

| YOUR MESSAGE (if applicable) : |
|--------------------------------|
| |
| |
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| |

| PLEASE ADVISE : | | |
|-----------------|------------|-------------|
| Last name | First name | |
| Address | Apartment | |
| City | Province | Postal code |

| DONATION TYPE | |
|--|---|
| <input type="checkbox"/> Single donation | <input type="checkbox"/> Monthly donation Transaction on the 1st of each month |

| YOUR DONATION |
|--|
| <input type="checkbox"/> 35\$ <input type="checkbox"/> 50\$ <input type="checkbox"/> 100\$ <input type="checkbox"/> 250\$ <input type="checkbox"/> Other _____\$ |

| CONTACT INFORMATION | | | |
|---------------------|--|--|-----------|
| Last name | | First name | |
| Company name | | | |
| Address | | | Apartment |
| City | Province | Postal code | |
| Telephone | | Email | |
| Your month of birth | Receipt to company name <input type="checkbox"/> | I want my donation kept anonymous <input type="checkbox"/> | |

YOUR PAYMENT

Cash Cheque (made out to : The Lighthouse Children and Families)

Credit card : Mastercard Visa

Card number : ____ / ____ / ____ / ____ Expiry date : ____ / ____

CSC/CVV (3 little numbers on the back of your card next to your signature) : ____

Name of the card owner : _____

Signature : _____

Please return the completed form with your donation to the following address :

The Lighthouse Children and Families
2725 Mont-Royal E
Montreal, Quebec H1Y 0A1

For information : 514 789-4008 / martel@phare-lighthouse.com

* The Lighthouse Children and Families is a registered charity organization with the Canada Revenue Agency.
Our Charitable Registration number is 87808 9721 RR0001.

FOR ADMINISTRATION

| | | |
|--|-----------------|-----------|
| GL: | Participant: | ID: |
| Soll: | Note: | |
| Receipt & letter: <input type="checkbox"/> yes <input type="checkbox"/> no | Date received : | Initials: |