



biodôme
insectarium
botanical garden
planetarium



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Michel Tremblay



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© Jardin botanique
Lise Servant



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Sophie DesRosiers

Space for Life Foundation, 4101 Sherbrooke Street East, Montréal, Quebec H1X 2B2,
 Tel. : 514 872-6956 Fax: 514 872-8438 — info@fondationespacepourlavie.ca

DONATION FORM

You can make your donation online
 through our website:
www.spaceforlifefoundation.ca

DONOR IDENTIFICATION

Ms. Mr.

Name: _____ Given name: _____

Address (Home): _____

City: _____ Province : _____ Postal code: _____

Tel. (Home): _____ Tel. (Work): _____

Tel. (Cell.): _____ Fax: _____

E-mail (Home): _____ E-mail (Work): _____

Date of birth: _____ Referred by: _____
 (Optional)

If you prefer to receive only electronic versions of our communications (annual report, annual campaign, etc.), please enter your e-mail addresses and indicate which one you wish us to use:

Home
 Work

AUTHORIZATION

I agree that my name may be published, depending on the amount of my contribution to the Space for Life Foundation on the Website and Honour Roll and in the annual report.

I do not wish my name to be published, depending on the amount of my contribution to the Space for Life Foundation on the Website and Honour Roll and in the annual report.

(If we have no instructions from you, the Foundation reserves the right to publish your name.)

TYPES OF DONATIONS

ONE-TIME DONATION

I wish to support the Space for Life Foundation with a donation of: \$ _____ .

Method of payment: Cheque (*Please make cheque payable to the Fondation Espace pour la vie*)

Credit card (*Please complete the "Credit Card Information" section on page 2*)

Signature: _____ Date: _____

MONTHLY DONATION (Pre-authorized debit - PAD)

I wish to support the Space for Life Foundation with monthly donations of: \$ _____ .

Number of instalments: _____

The first payment will be processed on the 15th of the current month or the following month, depending on the date of your donation, and on the 15th of every month thereafter. An income tax receipt will be issued at the start of every year, for the total amount donated in the previous year.

Method of payment: Credit card (*Please complete the "Credit Card Information" section on page 2*)

Bank account (*Please complete the "Bank Account Information" section on page 2*)

Signature: _____ Date: _____

ANNUAL DONATION

I wish to support the Space for Life Foundation, for a period of _____ years, with annual donations totalling: \$ _____.

Method of payment: Cheques (*Please make cheques payable to the Fondation Espace pour la vie*)

Credit card (*Please fill out the "Credit Card Information" below*)

Cheques enclosed

First cheque enclosed. The others cheques will follow every year on the same date.

Signature: _____

Date: _____

FOR ALL OTHER TYPES OF DONATIONS

- Flagstone Campaign
- In Memoriam donations
- Bequests
- Gifts of life insurance
- Donations generated by a benefit event
- Donations of securities
- In Honour donations

Please contact us at 514 872-6956, or by e-mail at info@fondationespacepourlavie.ca

ENDOWED FUNDS

I agree

that part (_____ %)

or all

of my donation may be invested in an endowment fund, of which the capital will be retained for at least 10 years. For monthly donations, the investment will depend on the total amount collected by the end of each fiscal year.

Signature : _____

Date : _____

CREDIT CARD INFORMATION

To be completed only if you are making a donation by credit card

Credit card: Visa MasterCard

Card number:

Expiry date: /

Name of credit card holder (if different from donor name): _____

Signature : _____

Date : _____

BANK ACCOUNT INFORMATION

To be completed only if you are making a donation by pre-authorized debit (PAD)

Name of financial institution: _____

Address of financial institution: _____

Transit number: _____ Account number: _____

I hereby authorize the Space for Life Foundation to make withdrawals according to the above information.

Signature : _____

Date : _____

Please send your cheque by mail with the form, or send the form by fax.

Space for Life Foundation

4101 Sherbrooke Street East, Montréal, Québec H1X 2B2 – Tel.: 514 872-6956 – Fax: 514 872-8438

A tax receipt will be issued automatically for donations of \$20 or more.

Charitable registration number: 89742 6334 RR0001