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

IN MEMORIAM DONATION FORM

Please use this form to make a donation in memory of a deceased friend or loved one.
Thank you for your generosity.

DONATION TYPE

Personal Corporate

DONOR IDENTIFICATION

Ms. Mr.

Name: _____ Given name: _____

Address (Home): _____

City: _____ Province : _____ Postal code: _____

Company : _____ Address (Work): _____

City: _____ Province : _____ Postal code: _____

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

Tel. (Cell.): _____ Fax: _____

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

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

TRANSACTION DETAILS

Deceased Person

Ms. Mr.

Name : _____ Given name : _____

Date of death (if known) : _____
 Année Mois Jour

Would you like us to notify a family member of your donation? (We will not specify the amount.) Yes No

If so: Address of the person to be notified

Ms. Mr.

Name : _____ Given name : _____

That person's relationship with the deceased (e.g., sister, husband, wife, etc.) : _____

Address : _____

City : _____ Province : _____ Postal code : _____

Telephone number of the person to be notified : _____

E-mail of the person to be notified : _____

Please indicate the amount of your donation and your credit card or bank account information on the other side of this form.

DONATION

Please indicate the amount of your donation : _____ \$

Method of payment : Cheque
 Credit card
 Bank account

CREDIT CARD INFORMATIONS

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

Credit card : Visa Master Card

Card number : Expiry date : /

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

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

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 : _____

AUTORIZATION

- 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 would like to receive information **by e-mail** on Space for Life Foundation. .
- I would like to receive information **in the mail** on the Space for Life Foundation. .

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

Space for Life Foundation

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

Charitable registration number: 89742 6334 RR0001

The Space for Life Foundation appreciates your support.