



Donation by check or money order

FORM

CONTACT DETAILS

Mrs

Mr

Name of donor _____

Title _____

Business (if applicable) _____

Address _____

City _____

Province _____

Postal Code _____

Telephone _____

Fax _____

Email _____

Name of person who
approached you _____

PAYMENT METHOD

Amount of donation * _____ \$

Check

Money order

Signature _____

Date: _____

The receipt** should be issued to (if other than donor): _____

* Thank you for attaching your check or money order to this form

** A receipt for income tax purposes will be issued for all donations over \$10.

Would you like to receive correspondence from Moisson Montréal? yes

no

Registration number: 103741757RR0001

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