



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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