



Monthly donation program

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 _____

MONTHLY GIFT

Amount of monthly donation \$ _____

Date of first payment Day: Month: Year: _____

Date of last payment Day: Month: Year: _____

PAYMENT METHOD

Check *

Credit card: Visa MasterCard American Express

Card number _____

Expiry date Month: Year: _____

Signature _____ Date: _____

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

* Please attach a specimen check marked "VOID" to this form
** A receipt for income tax purposes will be issued once per year for all donations over \$10.

Would you like to receive correspondence from Moisson Montréal? yes no

Registration number: 103741757RR0001