



## DONATION FORM

687 Pine Ave West, A1.07, Montreal, Quebec, H3A 1A1

I would like my donation to benefit:

☐ Priority Needs

☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Tax receipts will be issued for all donations when a full address is provided

### METHOD OF PAYMENT

I would like to make a donation of: \$

☐ Cheque made payable to the RVH Foundation

☐ VISA ☐ MasterCard ☐ Amex

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry date \_\_\_\_\_ Signature \_\_\_\_\_

Registration # 11892 1659 RR 0001

### Monthly Giving Program

Yes - I want to join the *Friends of the Vic* monthly giving program

Monthly gift amount: \$

☐ I've enclosed a blank cheque marked VOID

☐ I've indicated my credit card information above

Please process my donation on the

☐ 1st or ☐ 15th of every month

Our guarantee: You may change or cancel your monthly donation at any time by calling the Foundation at 514-843-1543 or by emailing us at [vision@royalvic.com](mailto:vision@royalvic.com)

***This gift is:***

***In Memoriam***

Name of Deceased \_\_\_\_\_

Please Notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_



***In Honorarium***

Name of Honoree \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_



***Guardian Angel***

Name of Guardian Angel \_\_\_\_\_

Department: \_\_\_\_\_



☐ Please respect my desire to remain anonymous

Correspondence:

☐ English

☐ French