



Donation Form

Please send your completed form to:
BMP Foundation, 950 Principale, Cowansville QC J2K 1K3
Tel. 450-266-5548

I want to make a single donation of \$ _____


Cheque enclosed (payable to BMP Foundation)



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Credit card number Expiry date



Card holder name (please print)

Card holder signature

OR

I want to give \$ _____ each month from my bank account.

I authorize the BMP Foundation to make monthly transfers in the above amount from my bank account.
I have enclosed a sample cheque for my account marked "Void".

Donor signature: _____

Designation: Please use my donation for

The most urgent needs Other: _____

Donor: Mr. Ms.

Name: _____

Address: _____

City/Province: _____

Postal code:

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 Tel.:

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E-mail: _____

Thank you for your support!

*Receipts are issued for donations of \$20 or more.
Charitable registration number: 89528 0477 RR 0001*