In Memoriam Donation Form

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

My donation is in memory of: _____

Amount: $ _____

❍ **Cheque enclosed** (payable to BMP Foundation)

❍ VISA

❍ MasterCard

Credit card number | Expiry date (M M A A)

Card holder name (please print)

Card holder signature

Donor: ❍ Mr. ❍ Ms. .

Name: _____

Address: _____

City/Province: _____

Postal code: _____ Tel.: _____

E-mail: _____

Notification:

I would like the Foundation to notify the following person of my gift:

Name: _____

Address: _____

City/Province: _____

Postal code: _____

Thank you for your support!

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