




Donation form «in memoriam»

Please return your completed form to :
BMP Foundation, 950, Principale street, Cowansville QC J2K 1K3

This gift is to the memory of : _____

Amount : \$ _____


Cheque or money order attached (made out to BMP Foundation)



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 Credit card number Expiry

 _____
 Cardholder's name (in print please)

 Cardholder's signature

Donor : Madam Mister

Name : _____

Address : _____

City / province : _____

Postal code :

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 Tel.:

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E-mail : _____

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

Name : _____

Address : _____

City / province : _____

Postal code :

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 Tel.:

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E-mail : _____

Please note : any incomplete or illegible address cannot be processed

THANK YOU VERY MUCH FOR YOUR SUPPORT!

A receipt will be issued for any donations of \$20 or more.

Registration number : 89528 0477 RR 0001