

In memoriam donation

Donation in memory of : _____

Person to inform of this donation : _____

Address : _____

_____ Zip Code : _____

The Foundation will advise family of your donation.

I do not need a tax receipt.

Please issue a tax receipt to:

Name : _____

Address : _____

_____ Zip Code : _____

Telephone : _____

Email : _____

Registration number : 874698103RR0001

Name of all our donators will appear in our annual report.

I want to remain anonymous.

Please print and return this form with your contribution. Check must be made out to **André-Delambre Foundation**.



FONDATION ANDRÉ-DELAMBRE

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Thank You!