

## DONATION FORM

We are building a palliative care home with a day centre that will be the first of its kind in Montreal. Once in operation, the facility will offer free, high-quality palliative care in one of the most densely populated areas of Montreal. It will extend a respectful and compassionate welcome to people from all walks of life, regardless of their social condition, ethnic origin or religious beliefs, so that they may live their final days with dignity and humanity.

We need your help.

### INFORMATION ABOUT THE DONOR

First name:		Last name:	
OR Name of the organization:			
Address:			
City:	Province:	Postal code:	
Telephone:	E-mail address:		

### INFORMATION ABOUT THE GIFT

Amount:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	<input type="checkbox"/> Other: \$
Frequency:	<input type="checkbox"/> One-time gift	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> Other:
Payment method:	<input type="checkbox"/> Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Credit card number:
Name on the credit card:			Expiration date:	

### GIFT MADE IN HONOUR OF SOMEONE ELSE

In memoriam     Other (please specify)

First name:		Last name:	
<input type="checkbox"/> Third party to advise of my gift (optional)			
First name:		Last name:	
Telephone:		Email:	

### CONFIDENTIALITY

- I authorize St. Raphael's to disclose my name and the amount of my donation.
- I authorize St. Raphael's to disclose only my name as a donor.
- I want my name and the amount of my donation to remain confidential.

### AUTHORIZATION

Signature:	Date:
------------	-------

Please return this completed form, by mail at the address shown below (remember to include your cheque, if applicable) or by email at [info@maisonstraphael.org](mailto:info@maisonstraphael.org).

Income tax receipts are issued for all gifts of \$25 or more.  
Charity registration number: 81999 7693 RR00

**Thank you for your generosity!**