

Donor Information

Mr. Mrs. Ms. Dr. Other _____

First name: _____ Last name: _____

Address: _____ Apt.: _____

City: _____ Province: _____ Postal Code: _____

Email ⁽¹⁾: _____ Tel.: _____

Gift Amount: _____ \$

Type of donation One-time gift Recurring gift ⁽²⁾; frequency _____

Payment Method By credit card Cheque made payable to Space for Life Foundation

Credit Card: Visa MasterCard

Card #: _____ Exp.: _____

Signature: _____

In Memoriam or Tribute Gift

Name of the deceased or honoree (please specify): _____

Yes, I would like the Foundation to send a notice of my gift to (please print):

Name of the person to inform: _____

How is this person related to the deceased, if an *In Memoriam* gift : _____

Email of the person to inform ⁽¹⁾: _____

Message: _____

From: _____

Note 1: The Foundation has chosen to send electronic messages for environmental purposes. Please let us know if you or the person to inform does not have an email and provide a street address.

Note 2: The payment will be issued on the 15th of the month at the frequency you choose (monthly, quarterly, once or twice a year...).

Please send this form to: Space for Life Foundation
4101 Sherbrooke Street East, Montreal QC H1X 2B2
Tel.: 514-868-6956 | Fax: 514-872-1455
jmcDonald@fondationespacepourlavie.ca

How did you hear about us? Visit of a Space for Life museum Family or friend Social media
 Other : _____

Thank you for supporting Space for Life
Charitable registration number: 89742 6334 RR0001