Shriners Hospitals for Children® — Canada

Pediatric Specialty Care
Orthopaedics

Sign and return by mail to:
Andréa Poupart
1003, boul. Décarie
Montréal, QC, Canada H4A 0A9
apoupart@shrinenet.org
Tel.: 800-361-7256 / 514-282-8545

IMPORTANT

Please make sure all the fields of the form are completed.

I would like to make a donation

STEP 1 Amount *(Check)*

Monthly donation ☐ $19 ☐ $25 ☐ $35 ☑ $50 ☐ Other $ _____

One-time gift ☑ $100 ☐ $250 ☐ $500 ☐ $1000 ☐ Other $ _____

STEP 2 I make this gift

(Optional - Check)

☑ In honour of:
☐ On the occasion of:
☐ In memory of:

_____

_____

Please notify

(Amount of gift remains confidential)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Personal message to include in card:

STEP 3 Method of payment

☐ Cheque
Please make cheque payable to:
Shriners Hospitals for Children – Canada

Credit Card:

☐ VISA ☐ MasterCard ☐ AMEX

_____
Card number

M M Y Y
Expiration date

CVV (AMEX: 4 digits; MasterCard, Visa: 3 digits)

_____
Name on card

_____
Signature

An official receipt will be issued for the full amount of your donation.
Charity registration number 14101 3680 RR0001

STEP 4 Donor information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. _____

Shriners affiliation *(Optional)*: _____

Company: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

E-mail: _____

Daytime Tel.: _____

Evening Tel.: _____

I would like to receive more information about: ☐ Hospital services ☐ Gifts in wills