

Yes, I am giving to support the Centre of Excellence for Cellular Therapy and save lives!

Name _____

Address _____ Apt. _____

City _____ Province _____

Postal code _____ Telephone _____

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- Merci de correspondre avec moi en français.
- I would like information on planned gifts.
- I do not wish to have my name published as a donor.

 **On-line donation:**
www.fondationhmr.ca

Here is my donation of: \$25 \$50 \$75 \$100 or \$ _____

I am enclosing a cheque made out to the **HMR Foundation**.

I prefer making a credit card donation:  

Card number

Expiry date

Cardholder

Signature

The HMR Foundation is committed to keeping all donor information confidential. Our donor list is never rented out or sold to other organizations.

A tax receipt is issued for any donation of \$15 or more.

Registered charity number: 107391757RR0001

Thank you!

 **Fondation de l'Hôpital Maisonneuve-Rosemont**
FondationHMR.ca

5345 de l'Assomption Boulevard, Suite 270, Montreal, Quebec H1T 4B3
Telephone: 514 252-3435