

# The Tree of Remembrance



PRINTABLE PDF FORM - ONE PAGE 8,5 X 11

Registration Number: 87108 4190 RR0001

Mail this completed form, along with your contribution, to the following address:

**Ste. Anne's Hospital Foundation**  
305, Boul. des Anciens-Combattants, Sainte-Anne-de-Bellevue, Quebec H9X 1Y9



## PART A - MY INFORMATION:

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Res.: ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone Cell.: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## PART B - METHOD OF PAYMENT:

1.  CHEQUE FOR \$ 1,000 (*Made out to "Ste. Anne's Hospital Foundation"*)

2.  POST-DATED CHEQUES :  2 x \$500  4 x \$250  10 x \$100

BY CREDIT CARD :  Visa  MasterCard  American Express

3.  ONE PAYMENT OF \$ 1,000

4.  2 x \$500  4 x \$250  10 x \$100

Please indicate dates of instalments: \_\_\_\_\_

Card Number:                 Exp. Date:

Signature of cardholder : \_\_\_\_\_ Date: \_\_\_\_\_

## PART C - INSCRIPTION ON THE COMMEMORATIVE LEAF:

(Please print)

Name of the person to commemorate: \_\_\_\_\_

Date of birth and/or death (optional): \_\_\_\_\_ -- \_\_\_\_\_

Thought to be inscribed (*maximum of 60 characters*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_