

# FORM

CATEGORY	AMOUNT	CHOICE
HEALING PARTNER	\$100,000	<input type="checkbox"/>
RECOVERY PARTNER	\$75,000	<input type="checkbox"/>
WELL-BEING PARTNER	\$50,000	<input type="checkbox"/>
DIGNITY PARTNER	\$25,000	<input type="checkbox"/>
SERENITY PARTNER	\$10,000	<input type="checkbox"/>
COMFORT PARTNER	\$5,000	<input type="checkbox"/>
DONATION		<input type="checkbox"/>
INDIVIDUAL TICKETS	\$1,000	<input type="checkbox"/>

LAST NAME

FIRST NAME

COMPANY

ADDRESS

CITY

POSTAL CODE

TELEPHONE

EMAIL

## PAYMENT

Total amount

Cheque payable to Marie-Clarc Hospital Foundation \*

Credit Card VISA

MASTERCARD

Number

-

-

-

CVV

Expiry date MM | AAAA

Name of cardholder

Signature

\* It is possible to make a donation commitment by spreading the amount over more than one year.

### PLEASE RETURN THE PARTICIPATION FORM

By email:

[info@fondationmarieclarac.org](mailto:info@fondationmarieclarac.org)

By mail :

Marie-Clarc Hospital Foundation  
3530, boul. Gouin East,  
Montreal (Quebec) H1H 1B7

Telephone : 514 321-8800 Ext. 2305