

**Ma communauté
Ma santé
Mon don**



**My community
My health
My donation**

La Fondation de l'Hôpital d'Argenteuil / The Argenteuil Hospital Foundation

GIFT IN MEMORIAM

TRIBUTE NAME : _____

Donor's name : _____

Address : _____

City : _____

Province : _____ Postal Code : _____

Phone : (____) _____

Email : _____

Donation amount : _____

Payment : Check (payable to The Argenteuil Hospital Foundation)

Cash

Visa

Mastercard

Credit card number : _____

Expiration date : _____

Signature : _____

Please notify the family (without mention of the amount). A condolence card will be sent to them.

The family was notified

CONTACT INFORMATION OF THE PERSON YOU WISH TO NOTIFY :

Name : _____

Address : _____

City : _____

Province : _____ Postal Code : _____

***Please send to 145 ave de la Providence, Lachute, Qc, J8H 4C7**

A receipt for tax purposes will be issued to you

THANK YOU FOR YOUR GENEROSITY!