

FIRST NAME

LAST NAME

ADDRESS

CITY

PROVINCE POSTAL CODE

TELEPHONE

DATE OF BIRTH / / (DD/MM/YYYY)

EMAIL ADDRESS FOR TAX RECEIPT:

.....

I would like my gift to be anonymous.

I want to receive emails from the Museum
(information on cultural activities, exhibitions,
special offers, Museum partnerships, etc.).

I would like more information on planned giving
(gifts by will, life insurance, etc.).

I have included your Foundation in my will.

I AM MAKING A SINGLE DONATION OF:

\$50 \$100 \$200 Other \$.....

I AM MAKING A MONTHLY* DONATION OF:

\$10 \$25 \$50 Other \$.....

*I authorize the McCord Museum Foundation to collect the amount stated above on the 15th day of each month. I can increase, decrease, suspend or cancel my monthly donation whenever I decide by calling 514-398-7100, ext. 237.

Give online: mccord-museum.qc.ca/donate

Give by phone: **514-398-7100, ext. 237**

PAYMENT METHOD

CHEQUE PAYABLE TO: **THE McCORD MUSEUM FOUNDATION**

VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER

EXPIRY DATE /

SIGNATURE

DATE / /

