



**Moisson  
Laurentides**  
food bank

MAY THESE THOUGHTS  
BRING YOU COMFORT  
AND CONSOLATION

*In memory of*

Mr.       Mrs.       Ms.

A donation has been made by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personalize your message  
of sympathy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete and detach this form  
and send it to Moisson Laurentides

Here is a donation in memory of:

*(Name of the deceased)*

\_\_\_\_\_

Donor's name: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Here is my donation

25 \$     50 \$     100 \$     Other : \$ \_\_\_\_\_

Payment method:

Credit card     Visa     Master Card     Cheque

Credit card number  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date \_\_\_\_\_ (MM) / \_\_\_\_\_ (AA)

Signature \_\_\_\_\_

A receipt for tax purposes will be issued for  
any donation of \$20 or more.

Registration number: 130445604RR0001

Person to inform of the donation

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

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

City : \_\_\_\_\_

Postal code : \_\_\_\_\_

Phone: \_\_\_\_\_