



Shriners Hospitals
for Children®—Canada

Pediatric Specialty Care
Orthopaedics



Sign and return by mail to:

Andréa Poupart
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Montréal, QC, Canada H4A 0A9
apoupart@shrinenet.org
Tel.: 800-361-7256 / 514-282-8545

I would like to make a donation

IMPORTANT

Please make sure all the fields of the form are completed.

STEP 1 Amount *(Check)*

Monthly donation ☐ \$19 ☐ \$25 ☐ \$35
☐ \$50 ☐ Other \$ _____

One-time gift ☐ \$100 ☐ \$250 ☐ \$500
☐ \$1000 ☐ Other \$ _____

STEP 2 I make this gift

(Optional - Check)

- ☐ In honour of:
☐ On the occasion of:
☐ In memory of:

Please notify

(Amount of gift remains confidential)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. _____

Address: _____

City: _____

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Personal message to include in card:

STEP 3 Method of payment

☐ Cheque
Please make cheque payable to:
Shriners Hospitals for Children – Canada

Credit Card:

☐ VISA ☐ MasterCard ☐ AMEX

Card number

Expiration date

CVV (AMEX: 4 digits; MasterCard, Visa: 3 digits)

Name on card

Signature

An official receipt will be issued for the full amount of your donation.
Charity registration number 14101 3680 RR0001

STEP 4 Donor information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. _____

Shriners affiliation *(Optional)*: _____

Company: _____

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