

Items marked with an asterisk (\*) are essential.

\* **First Name:** \_\_\_\_\_ \* **Last Name:** \_\_\_\_\_  
\* **Company:** \_\_\_\_\_  
\* **Address:** \_\_\_\_\_  
\* **City:** \_\_\_\_\_  
\* **Province:** \_\_\_\_\_ \* **Postal Code:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## Your donation

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In Memory of: \_\_\_\_\_

From: \_\_\_\_\_

Person you wish to inform:

First and Last Name: \_\_\_\_\_

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

City, Province, Postal Code: \_\_\_\_\_

**Amount:**

\$250       \$100       \$50       \$25       Other: \$ \_\_\_\_\_

Please find my cheque enclosed OR  I prefer to pay by credit card.

Credit Card:       VISA       Master Card

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail this form to:**

**Tel-Aide**  
P.O. Box 205, Station H  
Montreal (Quebec)  
H3G 2K7

**Or fax it to:** 514 935-6265

Please contact us should you need more information: 514 935-1105

An income tax receipt will be issued in your name.

Registered charity number: 105164800 RR0001

**Our team and volunteers send you our heartfelt thanks.**