

I believe that adults are responsible to protect and promote the rights and interests of our children, and to address their needs, so that they can fully realize their dreams. I would like to seize this opportunity to create safe and nurturing environments for our youth.

**Type of gift:**     In Memoriam                       Monthly Giving Program                       In honour of

In honour / In memory of: \_\_\_\_\_

**Please send an acknowledgement of my gift to:**

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

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

Street                                      Apt. / Suite                                      City                                      Province                                      Postal Code

Relationship to person: \_\_\_\_\_

Language of correspondence:  English                       French                      Other: \_\_\_\_\_

Special message (if desired): \_\_\_\_\_

**Donor Personal Information**

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

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

Street                                      Apt. / Suite                                      City                                      Province                                      Postal Code

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Office: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Amount of donation: \$** \_\_\_\_\_

Please process the full amount today

Monthly installments of (minimum \$15 per month): \_\_\_\_\_

Beginning on (Date): \_\_\_\_\_

**Method of Payment:**     Visa     Mastercard     AMEX     Cheque

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Cheque: Please mail your donation with this form to: **Enfant-Retour Québec**  
7101 Du Parc Avenue, Suite 100  
Montreal (Quebec) H3N 1X9

**Does your employer have a matching gift program?**

Yes (Name of employer: \_\_\_\_\_)

No

**I would like my gift to be anonymous:**                       Yes                       No

*Tax receipts are automatically issued for gifts of \$15 or more*