



Donor:

Title: _____

Last name: _____

First name: _____

Company: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Email: _____

Payment:

cheque (Made payable to the Little Miracles Fund)

VISA

Mastercard

Please charge the total amount of \$_____ to my credit card account:

Credit Card Number: _____

Expiry Date: MM / YYYY _____

Cardholder's Name: _____

Date: _____

Signature: _____

I give permission to publish my name in the MRC List of Donors (only for donations of \$1,000 or more).

Yes No

I want an income tax receipt (A receipt is issued for donations of \$20 or more; receipts for donations of under \$20 are issued on request).

Yes No

Please fax the form to (514) 843-1678 or mail to the address below.

Thank you for your support!



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