



## IN MEMORIAM DONATION FORM

### IN MEMORY OF YOUR LOVED ONE

A gift in memory of a loved one is a lasting and meaningful tribute. Families may request that relatives and friends express their sympathy by making an **In Memoriam** donation to Literacy Unlimited. When you make an **In Memoriam** donation, we inform the family by sending them a letter. The amount of your donation is kept confidential.

Please complete this form and email it to [info@literacyunlimited.ca](mailto:info@literacyunlimited.ca). Alternatively you can mail it to: **Literacy Unlimited, 111 Avenue Broadview, Pointe-Claire, Qc H9R 3Z3.**

*This form is for the use of Literacy Unlimited only and the information it contains will not be disclosed to any outside party. Canada Revenue Agency requires the donor's personal address to appear on the charitable tax receipts.*

### DONOR AND DONATION INFORMATION

Mr.  Mrs.  Ms.  First/family name: \_\_\_\_\_

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

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

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

I wish to donate: \$ \_\_\_\_\_ In memory of: \_\_\_\_\_

I would like the family of the deceased to be notified (amount will remain confidential)

Name of person to be notified: \_\_\_\_\_

Language of correspondence:  English  French

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

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

Message you wish to be written in the letter to the person to be notified:

### PAYMENT METHOD

Check to the order of Literacy Unlimited

Credit card:  VISA  MASTERCARD  AMERICAN EXPRESS

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_\_\_  
(DONOR'S SIGNATURE)

\_\_\_\_\_  
(DATE)

### THANK YOU FOR YOUR KIND CONSIDERATION

Charitable organization no: 13926 9153 RR0001

111 avenue Broadview, Pointe-Claire QC H9R 3Z3 \* (514) 694-0007 [www.literacyunlimited.ca](http://www.literacyunlimited.ca)