



in memoriam
donation form

Le
DOMAINE
Forget

Yes, I would like to make an In Memoriam donation to le Domaine Forget Scholarship Fund

CONTACT INFORMATION

Family Name and First name: _____

Company or Business Name (if applicable):

Address (home or work) : _____

City: _____ Postal Code: _____ Email: _____

Included donation of \$ _____

METHOD OF PAYMENT

CHEQUE / CREDIT CARD

PAYMENT DETAILS

By cheque to the order of : **Le Domaine Forget**

By credit card

Visa

MasterCard

American Express

Card number: _____

Name : _____ Expiration Date : ____ / ____

In Memory of : _____

Person to inform about the donation:

Name : _____

Address : _____

Postal code: _____

Donor's signature

Date