

## DONATION FORM

### MONTRÉAL CHAPTER



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I want to make a donation of :  \$25  \$50  \$100  \$200  Other : \_\_\_\_\_

Payment method

Cheque made payable to **CONCOURS DE MUSIQUE DU QUÉBEC – SECTION MONTRÉAL**

I would like to receive a tax receipt :  Yes  No

Please send this completed form with your cheque at the following address :

Concours de musique du Canada  
a/s Yolande Cardinal  
69, rue Sherbrooke Ouest  
Montréal (QC) H2X 1X2

***Thank you for your generosity!***

# THE ART OF EXCEEDING EXPECTATIONS

