



L'INSTITUT DES CÈDRES CONTRE LE CANCER  
 THE CEDARS CANCER INSTITUTE  
 2155 Guy Street, Suite 900  
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## *In Memoriam*

**This gift is in memory of:**

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

**Please notify:**

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

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_

Correspondence:  English  French

Personal Message: \_\_\_\_\_

**Donation from:**

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

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_

Correspondence:  English  French  I wish to remain anonymous

**I would like to make a donation of:** \$ \_\_\_\_\_

**I would like my donation to benefit:**

- The Cedars Cancer Institute
- Other: \_\_\_\_\_

**Payment method:**  Cheque  Visa  MasterCard  Amex

Credit Card: \_\_\_\_\_ Exp: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_