



## *In Memoriam Form*

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**In memory of** \_\_\_\_\_

**Please send an acknowledgment to:**

Mr  Mrs  Ms  Dr  Other \_\_\_\_\_ (Please print or type)

First name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Personalized Message:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Donor Information (please send tax receipt to):**

Mr  Mrs  Ms  Dr  Other \_\_\_\_\_

First name \_\_\_\_\_ Last Name \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**Payment Information**

Cheque (made payable to the CI Society)

I authorize the CI Society to charge my donation of \$ \_\_\_\_\_ to my credit card.

Credit card information  Visa  MasterCard  American Express

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Signature \_\_\_\_\_

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Fax to 416-964-6594  
or mail to CI Society P.O. Box 38540 3299 Bayview Avenue Toronto Ontario M2K 2Y5

Charitable Registration 87276 0897 RR0001