



Thank you, for supporting Montreals' artistic vitality with your generosity!

Donor inform	nation :			
Individual gift	Corporate git	it		
First name, Fami	ly name :			
Corporation / Fou	undation :			
Title or contact pe	erson :			
Phone :				
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Complete addres	s :			
□ I wish to keep	my donation anonymo	us		
Gift amount	:			
□ 100 \$	□ 250 \$	□ 500 \$	□ Other :	
Mailing the c	heque and signe	ed form :		
□ I will send my	y cheque payable to t	the Conseil des arts	de Montréal with this duly fille	ed form:
Accour 1210, S	il des arts de Montré nting department Sherbrooke Street E al (Québec) H2L 1L	ast		
Signature :				
Contact : Ta	alar Agopian, Pro	oject manager - a	arts and philanthropy : <u>1</u>	talar.agopian@montreal.ca
Planned givi	ng :			
□ I wish to rece	eive more information	about planned giving	g at the Conseil des arts de Mo	ontréal.
□ I have alread	y planned a bequest	to the Conseil des ar	ts de Montréal in my will.	
□ I am conside	ring making a beques	st to the Conseil des a	arts de Montréal in my will.	

For more information :

Only donations of 50\$ or more qualify for a tax receipt, issued by Conseil des arts de Montréal.

Please note that the address must match the payment method for the tax receipt. In accordance with the law, the tax receipt is issued under the name of the payer according to the name appearing on the cheque issued.

All the information gathered with the help of this form will be kept confidential, under Quebec Law 25.

Registered charity organization number : 888076643 RR 0001

For more information about our programs, visit our website : artsmontreal.org