

TO BE RETURNED:

Les Grands Ballets Canadiens
Philanthropy and partnerships
1435, De Bleury Street, suite 500
Montreal (QC) H3A 2H7

CONTACT INFORMATION

Donation: Individual Corporate | **Language:** English Français

First Name _____ **Last Name** _____

Organization (if applicable) _____

Address _____ **Apt / Office** _____

City _____ **Province** _____ **Zip code** _____

Tel. Home _____ **Tel. Mobile** _____ **Tel. Office** _____

Email address

- I prefer to receive my tax receipt: by email by mail
- I would like my donation to remain anonymous: yes no
- I would like to learn more about bequests: yes no
- I would like to dedicate my donation: in honor of _____
(optional) in memory of _____

Please note that tax receipts can only be issued to the name and address indicated on this form.

DONATION PROGRAMS

I would like to support the:

- Artistic mission of Les Grands Ballets
- Creation Fund
- Nutcracker Fund for Children
- National Centre for Dance Therapy
- Next generation of dancers
- Dancers' health and well-being
- Gratitude and Generosity series
- Local and international tours
- Les Grands Ballets Orchestra

I PREFER TO MAKE A MONTHLY GIFT:

I authorize Les Grands Ballets to deduct the amount of

\$20 \$50 \$100 or \$ _____

the 1st or the 15th of every month

starting on _____ / _____ / _____
dd mm yyyy

PAYMENT METHOD

- Pre-authorized credit card charges
- Visa MasterCard AMEX

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Card number

_____|_____|_____|_____| _____
Expiration date Signature

An official tax receipt will be issued at the end of the year for the total amount of your donations. You can change or cancel your monthly donation at any time by contacting us.

HERE IS MY GIFT OF:

\$50 \$100 \$250 \$500 \$1,000

or \$ _____

PAYMENT METHOD

- Cheque addressed to Les Grands Ballets (enclosed)
- Pre-authorized credit card charge
- Visa MasterCard AMEX

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Card number

_____|_____|_____|_____| _____
Expiration date Signature

An official tax receipt will be sent to you upon reception of your donation.