



1. I hereby confirm the following bank transfer to the Foundation of Greater of Montreal

Donor's name : _____ Phone : _____

Address : _____

For the Fund :

Fund number : _____

Name of the Fund : _____

Amount of donation : _____ Date of transfer: _____
day / month / year

Financial institution from which the funds are received :

Name of Financial Institution : _____

Name of bank account holder : _____

Please note that the tax receipt will be issued in the name of the bank account holder

2. Contact details for the bank transfer

Name of beneficiary : Foundation of Greater Montreal

Address : 505 René-Levesque blvd. West, suite 1000, Montréal, QC, H2Z 1Y7

3. Contact information of the financial institution for the transfer to the Foundation of Greater Montreal

Institution Name : Royal Bank of Canada

Transit : 00001

Bank no: 003

Account number: 1002146

4. Signature of donor or authorized person if the donor is a company

Signature

Date _____
Day / month / year

Name of authorized person in block letters

THIS FORM MUST BE SENT TO THE FOUNDATION OF GREATER MONTREAL BY EMAIL :

donations@fgmtl.org