



## In Memoriam

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

**This is a donation in the amount of** \_\_\_\_\_ **made to the Association**  
québécoise pour le droit de mourir dans la dignité.

**Donor contact information:**

\_\_\_\_\_ Ms.    \_\_\_\_\_ Mrs.    \_\_\_\_\_ Mr.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

OR

Organization name: \_\_\_\_\_

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

\_\_\_\_\_

City

Province

Postal code

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Once we have received your form, we will send a letter to the family of the deceased, to inform them of your donation

**Contact information of the person you wish to notify:**

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

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

\_\_\_\_\_

City

Province

Postal code

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please include your check with this form and send both to the AQDMD address listed in the header of this form.**

The association's mission is political, which means that we are not eligible for government grants, nor are we allowed to issue receipts for tax purposes. Your financial support is all the more important and we are grateful for your help.

**Thank you for your generosity.**