



**AQDMD**  
Association québécoise  
pour le droit de mourir  
dans la dignité

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[www.aqdmd.org](http://www.aqdmd.org)

## 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 (if applicable): \_\_\_\_\_

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.**

**Thank you for your generosity.**