

Your donation

Donor information	□ Corporate	□ Fou	ndation P	ayment method	□ Cheque	☐ Wire transfer		
Amount	□ 100\$	□ 250 \$	□ 500 \$	□ Other : _				
I wish to support								
☐ The mission of the	ne Conseil des arts	de Montréal	□ Climate char	te transition	☐ Equity and repre	esentation		
☐ Montréal artists'	grants		□ Endowement	t funds				
Your preferen	ces							
This gift is in memory Civility :			First name :			Last name :		
About you								
Civility :			First name :		La	st name :		
Title :				Email : _				
Phone :				Extensio	n :			
Information about the corporation or the Foundation								
Name of the organisation :								
Billing address								
Street number :				Apparter	Appartement number :			
City:			Province :					
			Country :					
Your commun								
☐ I am interested in	n subscribing to the	Conseil des arts	s de Montréals'	communications				
My preferred language for communication is : □ Fr				□ Englis	□ English			
Recognition								
☐ I authorize and c	•	cation of my nam	ne as indicated o	on this	d like my donation to	be anonymous		
Your consent								
□ I authorize the C	onseil des arts de l	Montréal to use r	ny personal info	rmation according to	the terms defined in	the <u>privacy policy</u> .		
Signature of the au	thorized person wit	hin the corporation	on or the Found	ation:				
Sending your	gift							

You can send a cheque, made out to the Conseil des arts de Montréal, to the following address:

Conseil des arts de Montréal Finance Department 1210 rue Sherbrooke Est Montréal (Québec) H2L 1L9

If you chose the wire transfer option, please return this form by email at talar.agopian@montreal.ca and you'll receive the process information within the following days.