



In Memoriam

In Memory Of _____
(Name of Deceased)

Donor Information

Name: _____
Street: _____ City: _____
Province/State: _____ Country: _____ Postal/Zip: _____
E-Mail Address: _____ Telephone Number: _____

Yes, please send an acknowledgement of my/our memorial gift to the following:

Family Information

Name: _____
Street: _____ City: _____
Province/State: _____ Country: _____ Postal/Zip: _____
E-Mail Address: _____ Telephone Number: _____

Payment Information

Cheque Cash
 Credit Card – *Visa/MasterCard Only* (Amount:) _____
(Number:) _____ (Expiry Date:) _____
Signature: _____ Date: _____

I would prefer to receive future communications from the MSA by: e-mail mail post

*Please return this donation form with your contribution to the appropriate office noted below.
Tax receipts will be issued for all contributions - THANK YOU FOR YOUR SUPPORT!*