Please complete the following form and return it to:

Foundation for Culture and Education (FCE)

630 Sherbrooke St. West, #400 Montreal QC H3A 1E4

I would like to ma	ake a monthly gi	ft of \$	per montl
I would like to ma	ake a one-time d	lonation of \$	
Payment by:			
Cheque made ou	t to: FCE		
Automatic month			
(Please include a bl	ank cheque marke	ed " VOID")	
A series of postda	ated cheques ma	ade out to : FCE	
Credit card	○VISA		TERCARD
Name of the card	0 , , , , ,	U IVIAS	IERCAND
Name of the card	inoluei		
Card number			
Expiration date_			
Address			
City			
Prov.			
An official tax rec	eipt will be issue	ed for the total	amount of
your annual gifts.	Thank you.		
Signature :			