

DONATION REQUEST FORM

To request a donation, please complete this form and e-mail it to: espacepourlavie@ville.montreal.qc.ca

ORGANIZATION				
Name of organization				
Mailing address				
City Postal Code				
Telephone				
Website				
Enterprise (NEQ) or registration number				

CONTACT	1					
Mr Ms						
First name		Family name				
Position		Telephone				
E-mail addi	ess					

REQUEST							
N ame of your event							
Date of your event							
Please indicate how many museum tickets you would like:							
Biodôme	Insectarium	Botanical Garden	Rio Tinto Alcan Planetarium				

Brief description of the event and/or request: