



# Sneaker Fund Donation Form

Montreal Hospital – Donations to be used for Osteogenesis Imperfecta Research  
Nobility, Unit, and Club Direct Donation Form

Shrine Center: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Shrine Club: \_\_\_\_\_

Clown Unit: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_  
\_\_\_\_\_

If a donation receipt is needed check here:

\*\*\*\*\* Memorial and Honorary Donations\*\*\*\*\*

In Memory of: \_\_\_\_\_ complete as necessary

In Honor of: \_\_\_\_\_ complete as necessary

Based on donation value a special certificate or plaque may be issued. If this is something you  
desire check the following block and complete the remainder of form.

Mail to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make Checks Payable to: **Shriners Hospital – I.S.C.A. Sneaker Fund**

Send Copy of check and completed form to: Shrine Center **and**

ISCA Sneaker Fund Chairman (Canada) as identified at <http://shrineclowns.org/appointed.asp>

**Mail Check and form to:** Shriners Hospital for Children, 1003 Boulevard Décarie, Montreal QC H4A 0A9