MISERICORDIA Health Centre FOUNDATION

DONOR INFORMATION (Please print)

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone ( ) _____ Business Phone ( ) _____

Email _____

MY DONATION: ☐ $30 ☐ $50 ☐ $100 ☐ $250 ☐ Other _____

Designate my gift to the greatest need or to: _____

METHOD OF PAYMENT: ☐ Visa ☐ MasterCard ☐ American Express ☐ Cash/Cheque
(please make cheque payable to: Misericordia Health Centre Foundation)

Card # _____ Expiration Date _____/_____

Signature _____

DONOR RECOGNITION (Donors will be recognized in publications/online as below unless an anonymous gift is requested). Please use the following name(s) in all acknowledgements:

_____

☐ I (we) wish to remain anonymous
☐ I (we) have designated Misericordia Health Centre Foundation in my (our) will/estate planning
☐ I (we) would like more information about leaving a gift through my will/estate planning

Please mail your donation to:

Misericordia Health Centre Foundation
99 Cornish Avenue
Winnipeg, MB R3C 1A2
Or Fax to: (204) 774-0766

Charitable Registration Number: 11904 2174 RR0001

THANK YOU FOR YOUR SUPPORT!

Personal information gathered by the Misericordia Health Centre Foundation is kept in confidence and only used to keep you informed about our activities, special events, funding needs, and more. The Foundation does not rent, sell or trade any personal information with third parties.