



MISERICORDIA
Health Centre
FOUNDATION

Yes, I'd like to make a difference with my donation to MHC!

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

My gift information:

I/we would like to make a gift of \$ _____ one time / monthly (circle one) by:

- Cash/Cheque (Payable to Misericordia Health Centre Foundation)
- Visa/MasterCard/American Express

Card No: _____ Exp. Date: _____ / _____

CVV Code: _____ Name on Card: _____

Signature: _____

Please direct my gift to:

- Area of Greatest Need
- Eye Care Centre of Excellence
- Health Links – Info Santé
- Long-Term Care
- Sleep Disorder Centre
- Other: _____

How I would like to be recognized:

Donors may be recognized in publications/online, 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 MHC in my/our will/estate planning.
 - I/we would like more information about leaving a gift in my/our will/estate planning.

Thank you for your support!

Completed forms can be returned to:
Misericordia Health Centre Foundation
99 Cornish Ave | Winnipeg, MB R3C 1A2
P: 204.788.8458 | F: 204.774.0766

www.misericordiafoundation.com | mhcfoundation@misericordia.mb.ca

An official tax receipt will be issued under Revenue Canada Taxation Registration 11904 2174 RR0001 for all donations over \$15.

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. If you do not want to receive correspondence from us, please call 204.788.8458 or email us at mhcfoundation@misericordia.mb.ca to be removed from our database.