

DONATION FORM

Donor Information *(Tax receipt will be issued in this name)* Dr. Mr. Mrs. Ms. Miss Mx.

Name (ind./org.): _____ Address: _____

Contact: _____

Phone (h/w/c): _____ City: _____

Email: _____ Province: _____ Postal Code: _____

Please issue my receipts: By Mail By E-Mail Annually (issued in January)

Gift Information



One-time gift: \$ _____

Monthly gift: \$ _____

In providing your card information for a monthly gift you agree to automatic payments processed the 1st day of the month. Receipts issued annually.

Payment Information

Cheque made out to Palliative Manitoba

  Expiry Date: _____

Card #: _____

Name on Card: _____

Signature: _____

Tribute Information

In Memory of: In Honour of:

Please send a card on my behalf to:

Address: _____

City: _____

Province: _____ Postal Code: _____

Please include complete mailing address

Message: _____

I would like to be recognized in relevant publications as: I prefer to remain Anonymous

Office Use Only

DP ID: _____

Received: _____

Processed: _____