

## 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 1<sup>st</sup> 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: \_\_\_\_\_