



**RIVERVIEW
HEALTH CENTRE
FOUNDATION**

One Morley Avenue
Winnipeg, Manitoba R3L 2P4
Tel: (204) 478-6271

**Fax your donation information to:
(204) 453-1638**

Name of Donor: _____

Address of Donor:

Street / Box Number

City

Province

Postal Code

Phone #: ()

Fax #: ()

Area Code

Area Code

Email Address: _____

In Memory of: _____

In Honour of: _____

**Name of Who Should Receive
Acknowledgement Card:** _____

**Address of Who Should Receive
Acknowledgement Card:** _____

Message on Card: _____

Amount of Donation:

Check One:

VISA

Master Card

Card Number:

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Expiry Date:

--	--

CVD#

month year

3 digits on back of card

Name On Card: