

I am interested in making a donation to the Adopt-A-Bench program for \$7,500

DONOR INFORMATION

Name _____ Date _____

In honour of In memory of

How would you like to be listed on the Donor Wall

Address _____ City _____

Phone _____ Email _____

Credit Card Number _____ Expiry Date _____

Name (As it appears on credit card) _____ Signature _____

Please make check payable to the **Riverview Health Centre Foundation** and send it along with this completed form to:

Riverview Health Centre Foundation
1 Morley Avenue
Winnipeg, MB R3L 2P4

The RHCF, in its sole discretion, reserves the right to reject any proposed inscription containing language that is obscene, lewd, defamatory, infringes on the propriety rights of any third party, or is otherwise inappropriate.

Benches identified for adoption will be reserved for 60 days following receipt of payment. If a proposed inscription is not received within this time period, the bench selected will be released from hold, and if unavailable at the time we receive your proposed inscription, we will assist you in selecting another bench.

