



DONATION FORM

Please print and mail back the completed form.

Donor Name _____

Street # _____ City, PR _____

Country _____ Postal Code _____

Phone: hm/cell/wk _____ E-mail _____

I would like to make a donation of \$ _____

I would like my donation directed to Area of Greatest Need Designated Fund _____

My donation is in memory/honour of: _____

Please send an acknowledgment card to: Name: _____

Address: _____ City/PR _____ Postal Code _____

Message for Card: _____

Payment Options

Cheque enclosed (Payable to Riverview Health Centre Foundation)

Visa Mastercard

Name on credit card _____

Card # _____ Expiry _____ / _____

Cardholder Signature: _____

Mail completed form to: Riverview Health Centre Foundation, One Morley Ave,
Winnipeg, MB R3L 2P4 or scan and email to ternst@rhc.mb.ca

Thank you for your Support!