

Gift in Memoriam Form *-Please Print-*



My donation is in memory of:

\$ Amount of Donation: _____

Please send a Remembrance card to:

Name: _____

Address: _____

Postal Code: _____

Please send tax receipt to:

Donor Name: _____

Address: _____

Postal code: _____

Phone Number: _____

Type of Donation: _____ Cheque (enclosed) _____ Credit Card

If donating by credit card please fill out the information below:

Credit Card #: _____ Expiration Date: _____

Credit Card Company (ie. Mastercard, Visa etc.): _____

Mail this completed form to:

Winnipeg Harvest
1085 Winnipeg Ave.
Winnipeg, Manitoba
R3E 0S2