

THE ADDICTIONS FOUNDATION OF MANITOBA
DONATION FORM

Enclosed is my / our gift of \$ _____

Cheque payable to
The Addictions
Foundation of Manitoba

Or charge my

Visa

Mastercard

Account Number

Account Number

Expiry Date

Expiry Date

Card Holder's Name

Card Holder's Name

Signature

Signature

Mr. Mr. & Mrs. Mrs. Ms. Miss

Name:

Address:

Phone Number:

Postal Code:

Signature:

This gift:

is IN MEMORY of _____

is IN HONOUR of _____

Birthday Confirmation Get Well Wedding Graduation New Arrival

Anniversary

In Appreciation for _____

Should be directed to
services at _____

Other _____

Please notify the following person of this gift:

Name:

Address:

Postal Code:

Donations \$500.00 or over are recognized on our donor wall / website. How should your support be recognized on our donor wall / list?

Name:

I would like my support to remain anonymous.

Mail completed form to:

The Addictions Foundation of Manitoba
3rd Floor, 1031 Portage Avenue
Winnipeg, Manitoba R3G 0R8.