



## DONATION FORM

### Monthly Gift (Minimum \$25)

Frequency: Day 30 of every month, starting: \_\_\_\_\_ MM/YYYY  
Amount:  \$35  \$50  \$100  Other \_\_\_\_\_

### One-Time Gift

Amount:  \$35  \$50  \$100  \$250  Other \_\_\_\_\_

### Tribute Information (One-Time Gift Only)

Name of Honouree: \_\_\_\_\_

Tribute Type: \_\_\_\_\_

Mail an acknowledgment card on my behalf to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## DONATION DESIGNATION

Your donation will be used as needed unless you designate your donation to a particular cause at Youville Centre:

General  Foot Care  Pathways Program  Other

## DONOR INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Business or Corporate Name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## PAYMENT INFORMATION

- Enclosed is a cheque payable to Youville Centre
- Enclosed are monthly cheques payable to Youville Centre
- Charge my credit card

Credit Card Type:  Visa  MasterCard

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

3-digit security code: \_\_\_\_\_



Signature: \_\_\_\_\_

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## PLEASE MAIL TO:

Youville Centre  
33 Marion St.  
Winnipeg, MB  
R2H 0S8

*Working with you for better health.  
Thank you for your support.*

- Please send me information on how to include Youville Centre in my will. Tax receipts will be issued for donations of \$10.00 or more.

Charitable Registration #BN10694 4978 RR0001