



1085 Winnipeg Ave.
Winnipeg, MB
R3E 0S2

CALL DATE: _____

DONOR INFORMATION

Name: _____

Address: _____

City: _____ Province _____ Postal Code _____

Phone Number: _____ Email: _____ Cell: _____

Amount of Gift: \$ _____ Monthly Gift: \$ _____ Start month: _____

Method of Payment:

Visa Mastercard Cheque # _____ Cash

Credit Card #: _____ Expiry Date: ____/____

Designate to: Most needed Building Renewal Campaign Other _____

Make cheque payable to: Winnipeg Harvest

***ARE YOU RESPONDING TO A MAILING OR REQUEST FOR SUPPORT? _____

.....
(Circle one)

In Memory / Honour / Celebration of: _____

Occasion if applicable: _____

Relation: _____ Message: _____

ACKNOWLEDGEMENT CARD INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date Card Mailed: _____

Received by: _____ Processed by : _____ Process date: _____

Appeal: _____ Fund: _____ Campaign: _____