



1085 Winnipeg Ave.  
Winnipeg, MB  
R3E 0S2

**DONOR INFORMATION**

DATE: \_\_\_\_\_

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:
- First Steps baby formula program
  - Training Programs/Employment Assistance
  - Kids Who Care
  - Personal Care
  - Empty Bowls Celebrity Auction
  - Empty Bowls Soup-er Lunch
  - CBC Radiothon
  - Golf Tournament
  - Give 30
  - Direct Mail
  - Empty Bowls Soup-er Week
  - Other \_\_\_\_\_

Make cheque payable to: *Winnipeg Harvest*

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

.....  
In Memory / Honour / Celebration of: \_\_\_\_\_

Occasion if applicable: \_\_\_\_\_

Message: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACKNOWLEDGEMENT CARD INFORMATION

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date mailed: \_\_\_\_\_

\*\*\*\*\*

Received by: \_\_\_\_\_ Processed by : \_\_\_\_\_ Process date: \_\_\_\_\_