



1085 Winnipeg Ave.
Winnipeg, MB
R3E 0S2

DONOR INFORMATION

DATE: _____

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

- Designate to: First Steps Training Programs Give 30 Empty Bowls Soup-er Week
 Kids Who Care Personal Care Empty Bowl Celebrity Auction
 Empty Bowls Soup-er Lunch CBC Radiothon Golf Tournament
 Direct Mail Other: _____

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

In Memory / Honour / Celebration of: _____

Occasion, if applicable: _____

Message: _____

Contact information, if different than above

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Amount of Gift: \$ _____ **Monthly Gift:** \$ _____ **Start Month:** _____

Method of Payment: Visa Mastercard Cheque # _____ Cash

Credit Card#: _____ **Expiry Date:** ___/___ **CVV (3 digits):** _____

Make cheques payable to: Winnipeg Harvest Inc.

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Received by: _____ **Processed by:** _____ **Process Date:** _____