



# DONATION FORM

**Yes, I would like to make a donation to the 2018 Cardiac Classic, which supports cardiac care and research at St. Boniface Hospital:**

I would like to make monthly gifts in the amount of: \$ \_\_\_\_\_

I would like to make a one-time donation of: \$ \_\_\_\_\_

## My personal information for tax receipt purposes:

Mr.    Mrs.    Ms.    Other \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ Email \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

## Method of payment:

Cheque (*payable to St. Boniface Hospital Foundation*)

or charge my :    Visa    Mastercard    American Express

Name of cardholder \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_   Signature \_\_\_\_\_

I would like to keep my support anonymous.

*Donations of \$15 or more will be tax receipted.*

To make an online donation go to: [saintboniface.ca/foundation/en/donate/](http://saintboniface.ca/foundation/en/donate/) and select '2018 Cardiac Classic' in the 'Direct My Gift' section.

Please mail your gift to: **St. Boniface Hospital Foundation**  
C1026 – 409 Taché Ave., Winnipeg, MB R2H 2A6

**Thank you for your generous support!**

Charitable Organization No. 11916 9639 RR0001



Hôpital St-Boniface Hospital  
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