



Mount Carmel

CLINIC FOUNDATION

DONATION TYPE

Monthly Gift (Minimum \$25)

Frequency: Day 30 of every month, starting:

Amount: \$25 \$50 \$100 Other

One-Time Gift

Amount: \$25 \$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 Mount Carmel Clinic:

As needed Capital Project Anne Ross Day Nursery Sage House Endowment Fund Other

BILLING INFORMATION

First Name:

Last Name:

Business or Corporate Name, if applicable:

Address:

City:

Province: Country: Postal Code:

Phone: Email:

PAYMENT INFORMATION

- Enclosed is a cheque payable to Mount Carmel Clinic Foundation
- Enclosed are monthly cheques payable to Mount Carmel Clinic Foundation
- Charge my credit card

Credit Card Type: Visa MasterCard

Cardholder's Name: _____

Credit Card Number: _____ Expiry Date: _____

3-digit security code: _____



Signature: _____

PLEASE MAIL TO:

Mount Carmel Clinic Foundation
886 Main St.
Winnipeg, MB
R2W 5L4

*Health and hope are two first steps toward happiness.
Thank you for supporting the journey.*