

DONATION FORM



Yes, I would like to make a donation in support of Assiniboine Park Conservancy!

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ EMAIL _____

My name as it should appear for recognition purposes:

OR I wish to remain anonymous

Gift Details:

- I would like to make a gift of \$ _____
- I would like to make a monthly gift of \$ _____

I authorize Assiniboine Park Conservancy to withdraw my monthly donation on the 1st of each month beginning _____ / _____
MM YY

Please direct my gift to:

- Animal Care
- Animal Enrichment
- Area of Greatest Need
- Art in the Park
- English Garden
- Keep the Park Beautiful
- ParkShare TODAY
- Wildlife Conservation
- Zoo Medical Equipment

Signature _____

*Note: Signature is required for both credit card gifts and direct withdrawal (blank cheque).

Payment Method:

Cheque enclosed or Card # _____

Please make cheques payable to Assiniboine Park Conservancy.

Expiry Date _____ / _____ Signature _____
MM YYYY

Tribute Information:

Please complete if this is a tribute donation.

This donation is: in memory of in honour of in celebration of _____

Please send notification to:

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

SIGNED FROM _____

Thank you for your generous gift.

Please mail or fax this completed form to:

Assiniboine Park Conservancy
55 Pavilion Crescent
Winnipeg, Manitoba R3P 2N6

Phone 204 927 8080
Fax 204 927 7200