## Assiniboine Park Conservancy

## **DONATION FORM**

## Yes, I would like to make a donation in support of ParkShare TODAY!

NAME											
ADDRESS											
CITY	PROVINCE				POSTA	L COD	E				
TELEPHONE	EMAIL										
My name as it should appear for recognition pu	urposes:										
OR □ I wish to remain anonymous											
Gift Details:											
☐ I would like to make a gift of \$		☐ Ye	s, I wou	ıld lik	e to re	eceiv	e er	mail	s ab	out	
☐ I would like to make a monthly gift of \$		events, promotions and other special offers from Assiniboine Park Conservancy.								CV	
I authorize Assiniboine Park Conservancy to withdraw my monthly donation on the 1st of		Offers	1101117	<b>1</b> 5511111	Jone	raik	CO	IISC	vali	cy.	
each month beginning/											
Signature	_										
Note: Signature is required for both credit card gifts and lirect withdrawal (blank cheque).											
Payment Method:											
☐ Cheque enclosed or ☐ <b>VISA</b> ☐ Cardlese make cheques payable to Assiniboine Park Conservancy.	d #										
Expiry Date/ Signature											
Tribute Information: Please complete if this is a tribute donation.											
This donation is: □ in memory of □ in honour o	f □in cel	ebratio	n of _								
Please send notification to:											
NAME											Please mail or completed fo
ADDRESS											Assiniboine P
CITY	PROVINCE				POST	AL COI	DE.				55 Pavilion Cr Winnipeg, Ma
											Phone 204 92
SIGNED FROM											Fax 204 927 7

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