DONATION FORM



Yes, I would like to make a donation in support of Aunt Sally's Farm!

NAME			
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
TELEPHONE	EMAIL		
My name as it should appear for reco	gnition purposes:		
OR I wish to remain anonymous			
Gift Details: I would like to make a gift of \$			gift.
I would like to make a monthly gi	ft of \$		SI SI
I authorize Assiniboine Park Conservancy to withdraw my monthly donation on the 1 st of each month beginning $\frac{1}{MM} / \frac{1}{YY}$			enerou
Signature*Note: Signature is required for both credit card gifts a			k you for your generous gift
Payment Method: Cheque enclosed or Please make cheques payable to Assiniboine Park Control	Card #		□ loc
Expiry Date / Signate	ure		
Tribute Information: Please complete if this is a tribute donation.			Jank
This donation is: in memory of in	honour of in celebration	of	- <u>Ĕ</u>
Please send notification to:			
NAME			Please mail or fax this
ADDRESS			completed form to: Assiniboine Park Conservancy
СІТҮ	PROVINCE	POSTAL CODE	55 Pavilion Crescent Winnipeg, Manitoba R3P 2N6
SIGNED FROM			Phone 204 927 8080 Fax 204 927 7200

An official tax receipt will be issued for gifts of \$10 or more. Monthly donors will receive a consolidated tax receipt at the end of the calendar year. Revenue Canada Taxation Reg. No. 80866 4015 RR0001