



DONATION FORM

Yes, I would like to make a donation to the 2019 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 stbhf.ca/en/donate and direct your gift to "2019 Cardiac Classic."

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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