



**Yes! I want to make my gift to  
the Misericordia Health Centre  
Foundation.**

**(please print)**

Mr.  Mrs.  Ms.  Miss

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

MY DONATION:  \$30  \$50  \$100  \$1,000  Other \_\_\_\_\_

METHOD OF PAYMENT:  Visa  MasterCard  Cheque/Money Order

*(please make cheque payable to Misericordia Health Centre Foundation)*

CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

Please mail your donation form  
with payment to:

Misericordia Health Centre Foundation  
99 Cornish Avenue  
Winnipeg, MB R3C 1A2

Or fax your donation form to:

(204) 774-0766

Charitable receipts issued for donations of \$10 or more.  
Charitable Registration #11904 2174 RR0001