

Donor Details

Donor Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone (Home): () _____ Phone (Work): () _____

Cell Phone: () _____ E-mail address: _____

Please select one of the following two options:

Please include my name in any published donor listings as follows:

I wish to remain anonymous.

Gift Options

Please select one of the following options:

I would like to make an outright gift of \$ _____

I would like to make a pledge of \$ _____

to be paid in monthly quarterly annual installment(s),
commencing the 1st of _____ .

Method of Payment

Cash

My cheque(s), payable to Manitoba Cardiac Institute (Reh-Fit)
Foundation Inc., is/are enclosed.

Please charge my gift to my credit card: MasterCard VISA

Card #: _____ - _____ - _____ - _____

Expiry Date: ____ / ____

I acknowledge the above gift / pledge and approve payment to my credit card.

Donor Signature: _____

Date: _____

I would like to make my gift in tribute of someone special
(please ensure that you complete the **Tribute Gift** section of this form)

NOTE: An official tax receipt will be issued for gifts of \$20 or more unless
otherwise requested. Canada Revenue Agency Charitable Reg. No. 87046 0540 RR0001



Matching Gift Program

The company/organization you work for may have a matching gift program. Please talk to your Human Resources Department to see if your employer will match your gift to the Reh-Fit Centre as an employee or retiree.

Tribute Gift

A donation can be a meaningful way to honour the memory of a loved one, friend, or colleague. For a donation of \$20.00 or more, we will send an acknowledgement on your behalf. If you would like to select a specific card style, please contact the Reh-Fit Foundation at 488-9325; otherwise, an appropriate selection will be made on your behalf.

I am making the gift indicated in the **Gift Options** section of this form:

- In Memory of _____
- In Honour of _____
- Birthday Confirmation Get Well Retirement Wedding
- Graduation New Arrival Anniversary Active Living Goal Reached
- Passing of a Loved One Other _____

Please notify the following person of this gift:

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Use of Funds

The Foundation's primary aim is to raise funds to support the work and highest priority needs of the Reh-Fit Centre. If you would like more information on our endowment funds, please contact us.

Submitting the Form

Before submitting this form, please ensure that you have completed all of the appropriate sections.

You may also drop off the form at the Reception Desk at the Reh-Fit Centre.

If you are mailing in the form, please mail it to:

The Reh-Fit Foundation
1390 Taylor Avenue
Winnipeg, MB R3M 3V8

Privacy Statement

We respect your privacy. The information you provide us is used to keep you informed of upcoming events and other fundraising opportunities to support the Reh-Fit Centre. If you wish to be removed from our mailing lists, please call us at 488-9325.



THANK YOU

for your generous support in helping
Manitobans live healthier, active lives.

Manitoba Cardiac Institute (Reh-Fit) Foundation Inc.

1390 Taylor Avenue Winnipeg, Manitoba, R3M 3V8
Phone: (204) 488-9325 Fax: (204) 488-4819

www.reh-fit.com