



Donation Form

DATE: _____ Donor Name: _____

Address: _____

City _____ Province _____ Postal Code: _____

Phone: (____) _____ Email: _____

Amount of Donation: \$ _____

Please direct my donation to:

- Area of highest need
- Specific area: _____
- BRHC Foundation Long Term Investment Fund

I would like to make my donation in **memory of**: _____

I would like to make my donation in **honour of**: _____

Acknowledgement (send acknowledgement to/or different from above):

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Method of Payment:

Cash _____ Cheque _____ Credit Card: _____

Card Number:

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Expiry Date: _____ **CVV:** _____

Please send this form & payment to:

BRANDON REGIONAL HEALTH CENTRE FOUNDATION
 150 McTavish Ave East
 Brandon, MB
 R7A 2B3