



Make a Donation

Donor First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email address: _____

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/celebration of: _____

Please send notification to: First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Method of Payment:

Cheque VISA Mastercard

Card Number:

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Expiry Date: _____

Name on Card: _____

A receipt will be issued for donations over \$15.00.

Charitable Reg. No. 886844794
RRR0001

Please send payment to:

The Brandon Regional Health Centre Foundation
150 McTavish Avenue E.
Brandon MB R7A 2B3

Phone: 204-578-4227

Fax: 204-578-4967