

Help us keep families together.

Name: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Phone: _____

Email: _____

Donation: \$35 \$50 \$100 Other: _____

Please contact me to set up a monthly giving plan.

Payment Details:

Visa MasterCard Cash Cheque (made payable to Ronald McDonald House Charities® Manitoba)

Card number: _____ Security Code (CVV): _____ Expiry: _____ / _____

Please send me information on volunteer opportunities. I have left a donation to Ronald McDonald House Manitoba in my will.

I would like to speak with someone about leaving a donation to Ronald McDonald House Manitoba in my will.

Ronald McDonald House Manitoba respects your privacy. We do not sell, trade, or release our mailing list or any part of the information we collect to any other party or agency.

Tax receipts are issued for donations of \$20.00 or more. Charitable Organization Number: 10412 5323 RR0001 (Pediatric Oncology Family Centre of Manitoba Inc.)

Mailing to: Ronald McDonald House Charities® Manitoba 566 Bannatyne Avenue Winnipeg, MB R3A 0G7

Phone: 204-774-4777 Fax: 204-774-2160

rmhcmanitoba.org



RMHC
Manitoba