

# DONATION FORM



Assiniboine Park Conservancy



Canada's Diversity Gardens

*Yes, I would like to make a donation in support of Canada's Diversity Gardens!*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

My name as it should appear for recognition purposes: \_\_\_\_\_

**OR**  I wish to remain anonymous

**Gift Details:**

I would like to make a gift of \$ \_\_\_\_\_

Yes, I would like to receive emails about events, promotions and other special offers from Assiniboine Park Conservancy.

I would like to make a monthly gift of \$ \_\_\_\_\_

I authorize Assiniboine Park Conservancy to withdraw my monthly donation on the 1<sup>st</sup> of each month beginning \_\_\_\_/\_\_\_\_  
MM YY

Signature \_\_\_\_\_

\*Note: Signature is required for both credit card gifts and direct withdrawal (blank cheque).

**Payment Method:**

Cheque enclosed or

Card # 

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Please make cheques payable to Assiniboine Park Conservancy.

Expiry Date \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_  
MM YYYY

**Tribute Information:**

Please complete if this is a tribute donation.

**This donation is:**  in memory of  in honour of  in celebration of

Please send notification to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

SIGNED FROM \_\_\_\_\_

**Thank you for your generous gift.**

**Please mail or fax this completed form to:**

Assiniboine Park Conservancy  
55 Pavilion Crescent  
Winnipeg, Manitoba R3P 2N6

Phone 204 927 8080  
Fax 204 927 7200