

DONATION FORM

Yes, I want to support the work of Klinik Community Health Centre!

Name: _____

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Postal Code: _____ Phone: _____

A Tax Receipt will be issued for gifts of \$10.00 or more.

Cheque enclosed

Credit Card: Visa / Mastercard # _____ Exp _____

Signature: _____

Please complete and enclose with your gift or request for more information and mail to:

Klinik Community Health Centre
870 Portage Avenue
Winnipeg, MB R3G 0P1

Telephone: (204) 784-4076 / Fax: (204) 772-7998
e-mail: klinik@klinik.mb.ca / website: www.klinik.mb.ca

THANK YOU



Information regarding insurance policies and wills that would list Klinik Community Health Centre as a beneficiary is available through your life insurance agent.