



Literacy Partners of Manitoba Donation Form

Your Donation

I wish to donate \$ _____ to support the work of *Literacy Partners of Manitoba*.

I prefer to donate by: ___ VISA ___ Mastercard ___ Cheque

 Card Number

 Expiry date

 Signature

 Name on Card

Your Tax Receipt

Please send an income tax receipt to

___ Mr. ___ Mrs. ___ Miss ___ Ms. ___ Other

Name (Please print in full) _____

Address _____

Town _____ Province _____ Postal Code _____

Phone _____ Email: _____

I would like my gift to remain anonymous ___

Recognition (optional)

Please indicate on the other side of the page if this donation is *in memory of* or *in recognition of* or *in celebration of* a particular person or event. Tell us to whom we should send a card acknowledging your contribution. (Don't forget their address!)

Our Mailing Address

Please print this form and mail to

Literacy Partners of Manitoba
401-321 McDermot Avenue
Winnipeg, Manitoba, R3A 0A3

Charities Registration No. 132003799