

DONATION FORM

If you wish to support the programs and services offered through South Central Cancer Resource, please complete this form and mail or drop off with your donation to:

South Central Cancer Resource #400 - 34 Stephen Street Morden, Manitoba R6M 2G3 (204) 822-9541

Donation type:	O general	
	O In memory of	
	O In honour of	
Acknowledgme	nt card recipient details: O no card required or O please send acknowledgmen	it card to:
First name:	Last name:	
Address:	Suite:	
City:	Province: Postal code:	
Message:		
Card signed from	om:	
Payment details	s: O \$100 O \$75 O \$50 O \$25 O Other: \$ Please make cheque payable to South Central Cancer Resource	
Please send tax	receipt to:	
O Mr. O Mrs	O Ms O Dr O Other	
First name:	Last name:	
Address:	Suite:	
City:	Province: Postal code:	
Home telephone:	:Business telephone:	
E-mail:		
Ur	nless otherwise requested, tax receipts are issued for donations of \$10 or more.	

Unless otherwise requested, tax receipts are issued for donations of \$10 or more. Charitable registration number 89679 6406 RR0001