

DONATION FORM - GENERAL, IN HONOUR, IN MEMORY

Total Donation amount \$ _____

Tax receipt will be issued for \$15 or more.

General **In Honour** **In Memory**

Name: _____

Address _____ City _____ Prov _____ PC _____

Phone _____ Email _____

Honoree _____

Name: _____ *Contact Person - In Honour, In Memory*

Address _____ City _____ Prov _____ PC _____

Phone _____ Email _____

No Book Plate

Send Book Plate to Donor

Payment: Cheque Payable to *Friends of the Winnipeg Public Library*

Master Card Visa Credit Card # _____ Expiry Date _____

Signature _____

Date _____

WE NEVER SHARE YOUR PERSONAL INFORMATION

Office use:

Received

Processed

Mailed

Mailed