



Winakwa Community Centre

Expansion Donation Card

Please complete the following:

This donation is being made in the name of:

First Name: _____

Last Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

E-mail: _____

A tax receipt will be issued for all donations \$20.00 & over.

Cheques payable and mailed to: Winakwa Community Centre
980 Winakwa Road
Winnipeg, Mb R2J 1E7
Ph: 253-4418

www.winakwacc.ca

I wish to contribute:

\$50.00 \$100.00 \$250.00

\$500.00 \$1000.00

Other \$ _____

Payment Method:

Cheque Cash (in person) Credit Card

Credit Card Information:

Mastercard Visa AMEX

Card Number: _____

Card Holder: _____

Expiry Date: (month/year) ___/___ Total: _____

Signature: _____ Date: _____

Thank you for your support!