Donation Form

Date	Recei	ved:	
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Please Print Clearly		TRANSCONA M
Donor's Name (for receipt)		
Address:		Est. 1967
City / Province	Postal Code	
	(Business)	
Fax Number	(Cell Number)	
Email		
Please sign me up to receive th	e TM newsletter & other important updates & information	n from the TM
GIFT DESIGNATION		
Collections and Conservation	on 🔲 Exhibition Planning and Production 🗌 Pr	ogramming
General	☐ Development Fund ☐ 27	747 Save the Engine
Other	_	
•	Tax Recio s will be provided for all donations over \$50 (donations under on the one of the control of the co	ept Required \$50 upon request)
-or-		
Pledge Installments		
	spread over 🗌 1 🔲 2 🔲 3 year(s) 🔲 C	
	/eekly \square Monthly \square Quarterly \square Annually \square Other_	
	☐ I would like to receive pledge rem	iinders via email
-Or-	ئ المماليمين المماليمين	
_	vauled at \$	
donated for		
GIFT RECOGNITION		
You may list my (our) name(s)	· ·	
I would like my name to remai	n anonymous.	
I would like to name my gift:		
	In Honour of:	
	dgment card sent, please provide their name/address:	
Address		
City / Province	Postal Code	
<u></u>		
PAYMENT INFORMATION	1	
☐ Cheque (payable to Transcona	a Museum)	
☐ Cash		
	e to accept credit cards online and through CanadaHelps	_
	e found on our website <u>www.transconamuseum.mb.ca</u>	. Click the
DONATE NOW button.		

141 Regent Avenue West | Winnipeg, MB | R2C 1R1 | Phone: 204-222-0423 | Fax: 204-222-0208 TRANSCONA MUSEUM IS A REGISTERED CHARITY (119268449 RR0001)

Office Use Only			
Tax Receipt Issued	_ Thank you Letter/ACK Issued	Completed by and date:	