General Donation to City of Winnipeg Cemeteries Branch

I (Full name):		
of (Address):		
Phone:	Email:	
Hereby donate the sum of \$	to b	e used for (Select one):
☐ Brookside Cemetery	☐ St. Vital Cemetery	☐ Transcona Cemetery
In the following manner: (Please provide a brief description of he		on to be used)
and improvement of the cemetery g A donation (contact the Customer S visa, M/C, Amex. Interac, or Chequ	Service Advisors for further i	nformation) may be made by: cash,
 I understand that: This donation is not refundable This donation will be applied in A Tax Exemption receipt will be Donartment 	the manner to which I have	
Department. Signature:		Date:
For office use only:		
Paid by: ☐ Cheque ☐ Visa	☐ Amex ☐ Interaction	